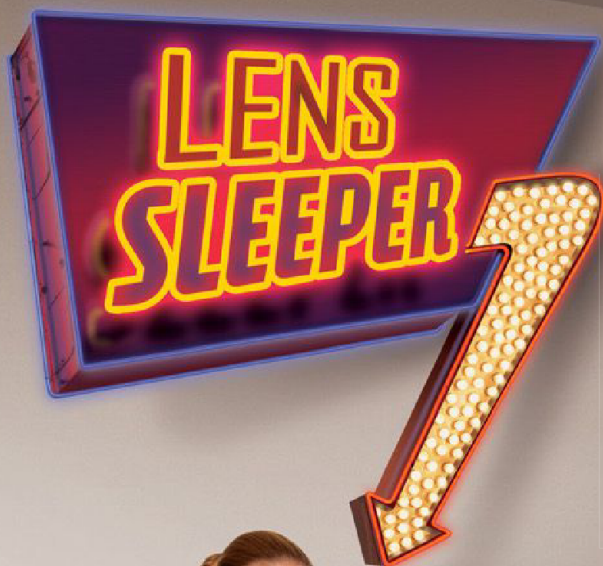




It's not always this obvious

**47% of lens sleepers aren't telling you
how often they sleep in their lenses¹**

Talk to your patients about AIR OPTIX® NIGHT & DAY® AQUA contact lenses.

- FDA-approved for up to 30 days and nights of continuous wear**
- #1 eye care practitioner-recommended lens for sleepers²



AIR OPTIX® NIGHT & DAY® AQUA Contact Lenses

Learn more about the lens approved for up to 30 nights
of continuous wear at myalcon.com



*AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Dk/t = 175 @ -3.00D. Other factors may impact eye health. **Extended wear for up to 30 continuous nights, as prescribed by an eye care practitioner.

Important information for AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Indicated for vision correction for daily wear (worn only while awake) or extended wear (worn while awake and asleep) for up to 30 nights. **Relevant Warnings:** A corneal ulcer may develop rapidly and cause eye pain, redness or blurry vision as it progresses. If left untreated, a scar, and in rare cases loss of vision, may result. The risk of serious problems is greater for extended wear vs. daily wear and smoking increases this risk. A one-year post-market study found 0.18% (18 out of 10,000) of wearers developed a severe corneal infection, with 0.04% (4 out of 10,000) of wearers experiencing a permanent reduction in vision by two or more rows of letters on an eye chart. **Relevant Precautions:** Not everyone can wear for 30 nights. Approximately 80% of wearers can wear the lenses for extended wear. About two-thirds of wearers achieve the full 30 nights continuous wear. **Side Effects:** In clinical trials, approximately 3-5% of wearers experience at least one episode of infiltrative keratitis, a localized inflammation of the cornea which may be accompanied by mild to severe pain and may require the use of antibiotic eye drops for up to one week. Other less serious side effects were conjunctivitis, lid irritation or lens discomfort including dryness, mild burning or stinging. **Contraindications:** Contact lenses should not be worn if you have: eye infection or inflammation (redness and/or swelling); eye disease, injury or dryness that interferes with contact lens wear; systemic disease that may be affected by or impact lens wear; certain allergic conditions or using certain medications (ex. some eye medications). **Additional Information:** Lenses should be replaced every month. If removed before then, lenses should be cleaned and disinfected before wearing again. Always follow the eye care professional's recommended lens wear, care and replacement schedule. Consult package insert for complete information, available without charge by calling (800) 241-5999 or go to myalcon.com.

References: 1. In a survey of 284 daily and extended wear contact lens patients. Alcon data on file, 2012. 2. In a survey of 311 optometrists in the U.S.; Alcon data on file, 2012.

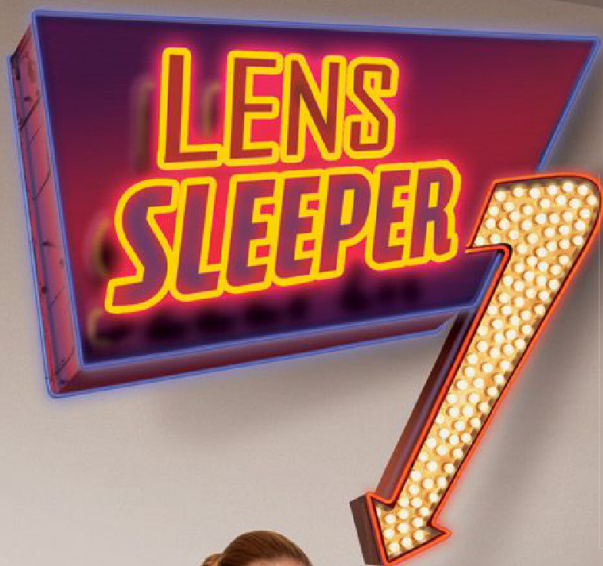
See product instructions for complete wear, care, and safety information.

© 2013 Novartis 1/13 AND13001JAD

Rx only

Alcon®

a Novartis company



It's not always this obvious

**47% of lens sleepers aren't telling you
how often they sleep in their lenses¹**

Talk to your patients about AIR OPTIX® NIGHT & DAY® AQUA contact lenses.

- FDA-approved for up to 30 days and nights of continuous wear**
- #1 eye care practitioner-recommended lens for sleepers²



AIR OPTIX® NIGHT & DAY® AQUA Contact Lenses

Learn more about the lens approved for up to 30 nights
of continuous wear at myalcon.com



*AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Dk/t = 175 @ -3.00D. Other factors may impact eye health. **Extended wear for up to 30 continuous nights, as prescribed by an eye care practitioner.

Important information for AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Indicated for vision correction for daily wear (worn only while awake) or extended wear (worn while awake and asleep) for up to 30 nights. **Relevant Warnings:** A corneal ulcer may develop rapidly and cause eye pain, redness or blurry vision as it progresses. If left untreated, a scar, and in rare cases loss of vision, may result. The risk of serious problems is greater for extended wear vs. daily wear and smoking increases this risk. A one-year post-market study found 0.18% (18 out of 10,000) of wearers developed a severe corneal infection, with 0.04% (4 out of 10,000) of wearers experiencing a permanent reduction in vision by two or more rows of letters on an eye chart. **Relevant Precautions:** Not everyone can wear for 30 nights. Approximately 80% of wearers can wear the lenses for extended wear. About two-thirds of wearers achieve the full 30 nights continuous wear. **Side Effects:** In clinical trials, approximately 3-5% of wearers experience at least one episode of infiltrative keratitis, a localized inflammation of the cornea which may be accompanied by mild to severe pain and may require the use of antibiotic eye drops for up to one week. Other less serious side effects were conjunctivitis, lid irritation or lens discomfort including dryness, mild burning or stinging. **Contraindications:** Contact lenses should not be worn if you have: eye infection or inflammation (redness and/or swelling); eye disease, injury or dryness that interferes with contact lens wear; systemic disease that may be affected by or impact lens wear; certain allergic conditions or using certain medications (ex. some eye medications). **Additional Information:** Lenses should be replaced every month. If removed before then, lenses should be cleaned and disinfected before wearing again. Always follow the eye care professional's recommended lens wear, care and replacement schedule. Consult package insert for complete information, available without charge by calling (800) 241-5999 or go to myalcon.com.

References: 1. In a survey of 284 daily and extended wear contact lens patients. Alcon data on file, 2012. 2. In a survey of 311 optometrists in the U.S.; Alcon data on file, 2012.

See product instructions for complete wear, care, and safety information.

© 2013 Novartis 1/13 AND13001JAD

Rx only

Alcon®

a Novartis company

American Optometric Association NEWS

Read the
News blog
at newsfromaoa.org

Volume 52

August 2013

No. 2

Prepare now for key health IT milestones in coming year

Health insurance market reforms, authorized under the federal Affordable Care Act, will take effect on New Year's Day 2014. However, the year will also see a number of landmark events in the federal government's eHealth Initiative – a \$26 billion, multi-year effort to establish a nationwide elec-

funds transfer –

Administrative Simplification operating rules for electronic funds transfers (EFT) and remittance advice go into effect. (See <http://go.cms.gov/1c8H6x5>)

❖ **Medicare and Medicare EHR programs** – Eligible professionals (EPs) beginning Stage 2 with their third or

toolkit).

Medicare practitioners in their second year or beyond of demonstrating meaningful use need to electronically report their clinical quality measures (CQMs) for the full calendar year of 2014 (Jan. 1, 2014, to Dec. 31, 2014). Practitioners will then submit their CQM data during a two-month reporting period from Jan. 1, 2015, to Feb. 28, 2015.

❖ **Medicare e-Prescribing (e-Rx) Program** – To be considered a successful electronic prescriber for the 2013 e-Rx Incentive Program, and potentially qualify to earn a 0.5 percent incentive payment, an individual EP will have had to report the e-Rx measure for at least 25 unique electronic prescribing events in which the measure is reportable by the EP during 2013. For more information, visit (<http://go.cms.gov/11pVajA> or www.excelod.com).

Feb. 28, 2014

❖ **Medicare Physician Quality Reporting System**

See Health IT, page 14

Important e-health dates, along with links to resources, tools, and information, will help optometrists prepare for e-health implementation in 2014 and beyond.

tronic health information technology (HIT) system.

The following is an overview of important e-health dates, along with links to resources, tools, and information to help optometrists prepare for e-health implementation in 2014 and beyond.

Jan. 1, 2014

❖ **Medicare electronic**

fourth year of participation in the Medicare and Medicaid EHR incentive programs. To learn more, see <http://go.cms.gov/OzQYnb> or www.excelod.com/ehr. Stage 2 Meaningful Use requires EHR interoperability. Optometrists are encouraged to consult AOAExcel™ for information on the OcuHub™ EHR interconnectivity network (www.excelod.com/home).



Texas Gov. Rick Perry signs S.B. 632. From left, Tom Annunziato, O.D.; TOA Past President Steve Nguyen, O.D.; TOA Third Party chair; Rep. J.M. Lozano (R) (bill author); Bj Avery, TOA executive director; Fred Farias, O.D., TOA president-elect; Gov. Perry (seated); Ron Hopping, O.D., AOA immediate past president; Kevin Gee, O.D., TOA president; Tommy Lucas, O.D., TOA legislative chair; and Joe DeLoach, O.D., TOA past president.

Texas, Maryland enact legislation that prohibits forced discounts on services

Several state affiliates are promoting legislation to stop an unfair business practice used by vision plans to force optometrists to give discounts on services and materials not covered by a patient's vision plan. The practice forces optometrists to charge varying prices to patients for services and mate-

rials not covered under the contract. The legislation is based on similar legislation pushed by dentists that has passed in at least 30 states that prohibit forced discounts on services.

The optometric version of the legislation was first passed

see Legislation, page 13

AOA PAC Fights and Wins for Optometry.

Visit www.aoa.org/AOA-PAC.xml

President's Column
For kids' sake



4

Optometry Cares®
InfantSEE® reaches 100,000 milestone

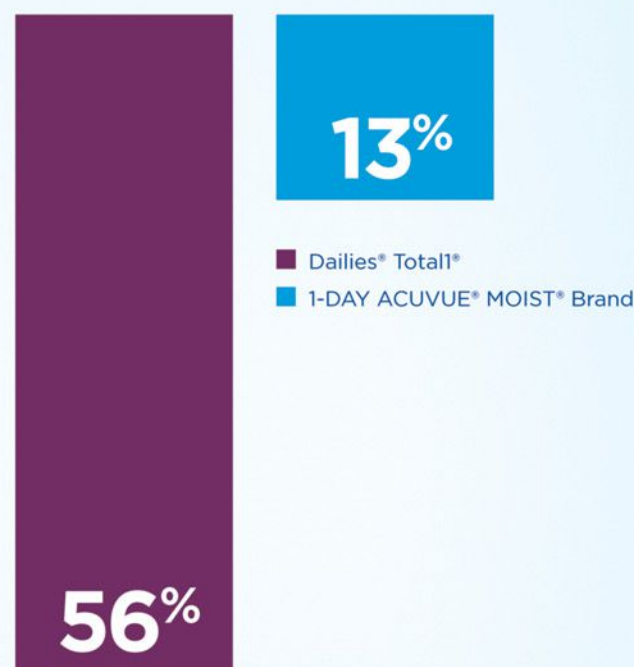


16

1-DAY ACUVUE® MOIST® BRAND: IT'S EASIER TO REMOVE. NOT A DAILY TOTAL Hassle.

4.3x

as many patients who tried
Dailies® Total1® in a clinical study
agreed the lens **"felt stuck to my eye"***



31% of former contact lens wearers said they stopped wearing lenses because of insertion/removal issues.† Make that first lens 1-DAY ACUVUE® MOIST® Brand Contact Lenses: The lens that significantly more wearers said was easy to remove than those wearing Dailies® Total1®.* No wonder 88% of parents with teens in 1-DAY ACUVUE® MOIST® Brand said they were likely to refer others to their child's eye doctor.

**Because a lens they can handle
can grow your practice.**



*In a clinical comparison with a double-masked, bilateral, crossover design (n=183).
†According to a multi-sponsor Gallup Study of The Consumer Contact Lens Market.

ACUVUE® Brand Contact Lenses are indicated for vision correction. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available from VISTAKON® Division of Johnson & Johnson Vision Care, Inc., by calling 1-800-843-2020 or by visiting acuvueprofessional.com.

The third-party trademarks used herein are trademarks of their respective owners.

ACUVUE®, 1-DAY ACUVUE® MOIST®, and VISTAKON® are trademarks of Johnson & Johnson Vision Care, Inc.

© Johnson & Johnson Vision Care, Inc. 2013 ACU-31456L July 2013

**1-DAY ACUVUE®
MOIST®**
BRAND CONTACT LENSES



Visit acuvuepro.com
to learn more about
1-DAY ACUVUE® MOIST®
Brand Family.

AOA to welcome paraoptometric staff as associate members

Paraoptometric staff of AOA member ODs may become AOA associate members beginning Jan. 1, 2014. The AOA House of Delegates approved a motion for the expansion of benefits at Optometry's Meeting® in June.

This change not only ensures access to all current Paraoptometric Section (PS) member benefits and services at no membership cost to the paraoptometric and no added membership cost to the AOA-member optometrist, it also opens the door to expanded education and training for approximately 75,000 paraoptometric staff.

"I hope that every paraoptometric across the



Celebrating the bylaws vote in the House of Delegates are, from left, Joan Abney, Paraoptometric Section manager; Beverly Roberts, CPOT, immediate past chair; Erlinda Rodriguez, CPO, chair-elect; and Lori Kindschy, CPOT, chair.

paraoptometric education materials

- ❖ Reduced registration fees for Optometry's Meeting®

- ❖ Robust programming at

program for paraoptometrics, including awards for Paraoptometric of the Year, the Community Service Award and the Bridgeway Award

- ❖ Coordination and collaboration with state paraoptometric programs, which includes face-to-face networking at Optometry's Meeting®.

All 2013 Paraoptometric Section membership dues must be paid in order for PS members to access membership programs and services for the remainder of 2013. Commission on Paraoptometric Certification (CPC) status will not be affected by the bylaws change.

For more information on the bylaws change, contact the AOA Paraoptometric Section at PS@aoa.org.

Associate membership opens the door to expanded education and training for approximately 75,000 paraoptometric staff.

nation can have the passion and desire to move our profession to the next level," said Beverly Roberts, CPOT, immediate past chair of the AOA Paraoptometric Section.

Roberts noted current Paraoptometric Section benefits will continue to be available through associate membership now and continuing through the rollout of the Paraoptometric Resource Center next year.

These benefits include access to current free, member-only benefits such as:

- ❖ Online continuing education (CE) articles worth six hours of CE credits,
- ❖ The Paraoptometric Skill Builder® Beginner Level 1 program
- ❖ The billing and coding webinar series
- ❖ Access to member-only Web pages
- ❖ Access to current AOA publications
- ❖ Discounted fees for

Optometry's Meeting®, including the Paraoptometric Awards Reception, social and networking opportunities, and education tracks designed to meet the ever-changing needs of the paraoptometric

- ❖ A strong presence on the new AOA.org and on Facebook and Twitter

- ❖ The noted recognition

Grow your practice with the new AOA.org



Judge requires liquidation as part of board certification case

The court ruled the American Optometric Society (AOS) bankruptcy case must be converted into a liquidation (Chapter 7) and not a Chapter 11 reorganization as originally filed.

In issuing this ruling, the Honorable Judge Mark Wallace found the AOS filed its bankruptcy case in "bad faith."

The court's ruling paved the way for the appointment of a trustee who will preside over the liquidation of the organization's assets. The court in the underlying case previously ordered AOS to pay attorneys' fees of \$462,508 to the American Board of Optometry (ABO) as the prevailing party, a rare award.

"We are pleased with the judge's decision," said Paul Ajamian, O.D., who chairs the ABO Board. "This verdict, along with the prior court ruling that the AOS lawsuit was 'groundless and unreasonable,' highlights the impropriety of their divisive conduct, justifying strong and swift action by the ABO. The hostile and acrimonious rhetoric generated by a handful of individuals set on slowing the progress of our profession has failed, and their organization has been ordered to cease operating."

In 2012, a lawsuit by a small group of ODs who formed the AOS was stopped mid-trial by Judge Howard Matz, who ruled their case was "groundless and unreasonable" and ordered them to pay the ABO's court costs, and ultimately attorney fees, totaling nearly \$500,000. Subsequently, the AOS filed for Chapter 11 bankruptcy.

Full coverage about the lawsuit ruling from last year is available at newsfromaoa.org.

July adds more diplomates

In 2013, 3,500 optometrists became active candidates for board certification, with 500 taking the exam in July, bringing the total number of Diplomates to more than 1,700.

The ABO offers a voluntary mechanism to obtain a legitimate board certification credential, along with ongoing maintenance of certification, that is recognized by the public, Centers for Medicare and Medicaid Services (CMS), and private payers, all of whom are increasingly looking for quality measures to evaluate physician performance.

In 2012, the National Commission for Certifying Agencies (NCCA) accredited the ABO's board certification program, confirming that the ABO represents a valid and reliable process for development, implementation, maintenance, and governance of its certification program.

In 2013, for the third year in a row, the CMS approved the ABO's Maintenance of Certification (MOC) process for the CMS PQRS MOC bonus program, considering it to be substantially equivalent to the MOC process of American Board of Medical Specialties boards.



American Optometric
Association

243 N. Lindbergh Blvd.
St. Louis MO 63141
800-365-2219

www.aoa.org

AOA Board

Mitchell T. Munson, O.D.
PRESIDENT

David A. Cockrell, O.D.
PRESIDENT-ELECT

Steven A. Loomis, O.D.
VICE PRESIDENT

Andrea Thau, O.D.
SECRETARY-TREASURER

Ronald L. Hopping, O.D., MPH
IMMEDIATE PAST PRESIDENT

TRUSTEES

Greg Caldwell, O.D.
Barbara Horn, O.D.
Robert Layman, O.D.
Samuel D. Pierce, O.D.
Christopher Quinn, O.D.
Bill Reynolds, O.D.

AOA News Staff www.aoa.org

Tracy Tabb
MANAGING EDITOR
TLTABB@AOA.ORG

Bob Pieper
SENIOR EDITOR
RFPIEPER@AOA.ORG

Matt Willette
WASHINGTON DC EDITOR
MWILLETTE@AOA.ORG

Laurie Bergman
SOCIAL MEDIA MANAGER
LWBERGMAN@AOA.ORG

Dave Sherman
ASSOCIATE DIRECTOR
DSHERMAN@AOA.ORG

Sandra Lundgren
COMMUNICATIONS & MARKETING DIRECTOR
SMLUNDGREN@AOA.ORG

Barry Barresi, O.D., Ph.D.
EXECUTIVE DIRECTOR
BJBARRESI@AOA.ORG

Advertising

Display Advertising

Aileen Rivera
Advertising Sales Representative
Elsevier
360 Park Avenue South
New York, NY 10010-1710
212-633-3721
Fax: 212-633-3820
A.RIVERA@ELSEVIER.COM

Classified Advertising

Traci Peppers
Advertising Sales Representative
Elsevier
360 Park Avenue South
New York, NY 10010-1710
212-633-3766
Fax: 212-633-3820
T.PEPPERS@ELSEVIER.COM

Change of address: Notify publisher at least six weeks in advance, including both mailing label from the most recent issue and the new address with proper ZIP code. Acceptance for advertising for publications does not constitute approval or endorsement by the **NEWS** or the AOA. All advertising is subject to review for acceptability by the AOA Communications Group. Acceptance and/or publication of editorial material in the **NEWS** does not constitute approval or endorsement by the **NEWS**, or the AOA.



PRESIDENT'S COLUMN

For kids' sake

August tends to be a very busy month in our practices, particularly because of all the kids we see getting ready for school. Indeed, they are the lucky ones: the ones who have the resources for an eye examination and parents who understand the value of this important annual event. But what about the others?

One in four children has an undiagnosed vision prob-

the right people.

In 1989, only a year after opening our practice, I had a second-grade teacher from a local elementary school in my office who asked if I would lead a cow eye dissection for her class...yes..second grade.

So I agreed to do it, the word got out, I gradually expanded to several schools, and 24 years later, I am known as the "Cow Eye



AOA President Mitch Munson, O.D., also known as the "Cow Eye Guy," explains how the eyes work to a group of second-graders in Highlands Ranch, Colo.

Every year, both students and parents learn a little bit about their eyes, and they learn a bit more about optometry.

lem that will likely limit their school performance.

So this is the perfect time for your practice to get the word out, not just within your practice population, but within your respective communities that eye examina-

Guy" in Highlands Ranch, Colo. (Certainly, I've been called worse.)

It has been an incredible opportunity to give a little back to my community and to share the great message about who we are and what

importance of proper eye care.

As the Affordable Care Act becomes a reality next year, so too will the essential pediatric vision benefit promising a comprehensive vision examination for all children under 19.

That said, there is no reason why one in four children should ever, again, have



So this is the perfect time for your practice to get the word out, not just within your practice population, but within your respective communities that eye examinations should be a regular part of a child's comprehensive medical care.

tions should be a regular part of a child's comprehensive medical care.

And there is no better way to accomplish this than to get involved in your community or school district. Difficult? Not really. All it takes is a little imagination and a few introductions to

we do as optometrists.

Every year, both students and parents learn a little bit about their eyes, and they learn a bit more about optometry.

And even more important, it is the perfect place to share the many messages we need to convey about the

an undiagnosed vision problem, and there is every reason why each of us should be championing the message of early and regular eye examinations.

Sincerely,
Mitchell T. Munson, O.D.,
AOA president

Read more about how the AOA is educating the public about the importance of a comprehensive eye exam as part of back-to-school preparedness on page 6.

American Optometric Association News (ISSN: 0094-9620) is published 12 times per year by the American Optometric Association
243 N. Lindbergh Blvd., St. Louis, MO 63141

Business, Editorial, Accounting and Circulation Office:

243 N. Lindbergh Blvd., St. Louis, MO 63141

Domestic subscriptions: \$123. International subscriptions: \$171.

Customer service: 800-365-2219 (US and Canada) or 314-991-4100 (other countries).

Periodicals postage paid at St. Louis, MO, and at additional mailing offices.

POSTMASTER: Send address changes to American Optometric Association News,
243 N. Lindbergh Blvd., St. Louis, MO 63141-7881

Online Registration is Open

eastwest eye conference

october
3-6 • 2013

Downtown
Cleveland, Ohio

Global Center
and Cleveland
Convention Center



state-of-the-art
facility



world-class
education



innovative
exhibits



premier eye
conference



experience
cleveland



optometric
networking



allied eye
professionals

Registration Information: 800-999-4939 • info@ooa.org • www.eastwesteye.org

EastWest Eye Conference/Ohio Optometric Association • P.O. Box 6036 • Worthington, OH 43085

AOA offers back-to-school checklist

Campaign provides tips to help identify vision problems in children

The AOA's Back-to-School public relations campaign is focusing on the use of electronic devices by children and is geared toward educating parents about the importance of comprehensive eye exams.

AOA members are encouraged to customize the

news release for use in their communities, as well as share the Back-to-School infographic (shown below).

Computers and smartboards are a common staple in today's classrooms, but now with programs such as "bring your own device" (BYOD) to school, smartphones and

tablets are seeing increased use in schools as well. As these devices transition between home and the classroom, it's clear that the use of these technologies is evolving from a trend to a necessity, even among the youngest students. According to the AOA's 2013 American Eye-Q® survey, 85 percent of parents indicate their children use an electronic device up to four hours per day.

This is no surprise as the survey also indicates 41 percent of children have their own smartphone or tablet and 32 percent use both e-books and textbooks at school.

Additionally, 66 percent of children use a computer or tablet to do homework or study. With the consistent use of electronic devices throughout the day and evening, children of all ages can face a number of visual challenges.

"When children stare at screens for hours each day, it may cause visual discomfort that can interfere with their ability to focus and learn," said Kimberly Friedman, O.D., AOA spokesperson. "As a mom and an eye doctor, I know first-hand just how important it is for school-age children to receive comprehensive eye examinations prior to heading back into a classroom."

Despite the increase in technology use, only one-third (31 percent) of parents have strong concerns that their children may damage their eyes as a result of prolonged exposure. Although ongoing use won't damage vision, regular, lengthy use of technology at school or for homework can lead to a temporary vision condition called computer vision syndrome.

The AOA urges students to rest their eyes by following the 20-20-20 rule. When using technology or doing near work, take a 20-second break, every 20 minutes and view something 20 feet away. As children of all ages become more frequent users of technology, eye doctors may warn

parents about the potential signs or symptoms of CVS or undiagnosed vision problems that may arise and indicate the need for an eye exam:

❖ **Preschool and Kindergarten:** At home, little ones may begin to play games on a tablet or smartphone, while at school they tend to learn early lessons about how to use a computer. The AOA suggests limiting tech time to two hours or less each day and increasing the font size of the text on the screen in order to make it easier on eyes. During this stage, parents should be aware of physical

As for digital devices, brightness or background color settings should be adjusted to keep vision comfortable.

"I look for a variety of indicators using various tests and instruments during a comprehensive eye exam," said Dr. Friedman. "But parents play an important role by alerting their eye doctor of certain behaviors and warning signs that may indicate a problem between eye exams."

The AOA also warns that one in four children has an undiagnosed vision problem simply because they may not recognize that their eyesight

According to the AOA's 2013 American Eye-Q® survey, 85 percent of parents indicate their children use an electronic device up to four hours per day.

signs that may flag a potential vision problem.

❖ **Elementary School:** At this age, children continue to use smartphones, play with portable gaming devices, and spend hours on computers at school and at home. Encourage kids to use cell phones only for quick tasks such as texting, and to position all devices half an arm's length away from the eyes and slightly below eye level. Children should also take frequent breaks and move around or change positions often while working on a computer.

❖ **Middle and High School:** With computers becoming a staple at school and for homework, along with increased smartphone usage, middle and high schoolers should be reminded that computers should be positioned 20 to 28 inches away from their eyes, and the top of the screen should be at eye level, allowing them to look down at the screen. When at home, kids should use ergonomic desk areas or gaming chairs and to prevent glare on screens, incorporate low-wattage light bulbs or drapes in the room.

isn't optimal or is changing.

"Comprehensive eye exams are one of the most important investments a parent can make to help maximize their child's education and contribute to overall health and well-being, especially since some vision problems may not have warning signs," added Dr. Friedman. "Unfortunately, parents and educators often incorrectly assume that if a child passes a school screening, their vision is fine."

Beginning in 2014, pediatric vision care will be one of the Affordable Care Act's Essential Health Benefits. This means millions of children will gain direct access to local optometrists for comprehensive eye exams and treatment, including medical eye care, through health insurance.

The AOA recommends a child's first eye exam take place at six months of age. Unless problems are detected, exams should then be given at age 3, again before a child enters kindergarten and yearly thereafter.

For more information, visit www.aoa.org/newsroom.

THE A B "SEES" BACK TO SCHOOL

School Supply Checklist:

- ✓ Backpack
- ✓ Notebooks & folders
- ✓ Pens & pencils
- ✓ Comprehensive Eye Exam

85% of parents indicate that their children use an electronic device up to **4 hours a day**¹



Remember 20-20-20

Take a **20** second break every **20** minutes and look at something **20** feet away!

Prolonged screen time could lead to Computer Vision Syndrome (CVS)

SYMPTOMS OF CVS INCLUDE:

- X Blurred or double vision
- X Eye strain
- X Loss of focus
- X Headaches

SEARCH FOR AN AOA OPTOMETRIST IN YOUR AREA NOW

CLICK HERE



American Optometric Association

FOR MORE INFORMATION, VISIT AOA.ORG

SOURCE:

¹ 2013 American Optometric Association's American Eye-Q® survey, a study conducted by Penn, Schoen & Berland Associates (PSB) on behalf of AOA, March 15-18, 2013.

Non solicitation. For informative purposes only. Any use of this material other than for informative purposes is not authorized by the American Optometric Association. You further agree not to modify, loan, sell, distribute, or create derivative works based on these materials.

'Sunshine rule' takes effect

New provisions will impact industry-practitioner relationships

Data collection began Aug. 1 as part of the Centers for Medicare & Medicaid Services (CMS) "Sunshine rule" announced in February. The new rule is designed to increase public awareness of any financial relationships between drug or medical device manufacturers and health care providers.

The rule finalizes Affordable Care Act provisions that require manufacturers of drugs, devices, biologicals, and medical supplies covered by Medicare, Medicaid, or the federal Children's Health Insurance Program (CHIP) to report payments or other transfers of value they make to physicians and teaching hospitals to CMS.

Applicable manufacturers and group purchasing organizations (GPOs) will report the data for August through December 2013 to the CMS by March 31, 2014.

The CMS will release

the data on a public website by Sept. 30, 2014.

The AOA Ethics and Value Committee is study-

forms of payment specifically covered by the rule are: consulting fees; compensation for services other

their relationships with manufacturers, according to the CMS.

"You should know

deputy administrator for program integrity. "Disclosure of these relationships allows patients to have more informed discussions with their doctors."

Doctors, as well as manufacturers, GPOs and teaching hospitals, will have the opportunity to review and correct reported information prior to publication.

The CMS is developing an electronic system to facilitate the reporting process.

The final rule can be accessed at www.federalregister.gov/public-inspection.

The new reporting program is intended to help reduce the potential for conflicts of interest that physicians or teaching hospitals could face as a result of their relationships with manufacturers.

ing the new rule and plans to issue a "white paper" on the new reporting program within the next few months.

Often referred to as the "sunshine rule," the provision specifically requires reporting by industry of:

- ❖ Cash or a cash equivalent.
- ❖ In-kind items or services.
- ❖ Stock, a stock option, or any other ownership interest, dividend, profit, or other return on investment, and
- ❖ "Any other form of payment or other transfer of value."

Among the "other"

than consulting; honoraria; gifts; entertainment; food; travel (including the specified destinations); education; research; charitable contribution; royalty or license; current or prospective ownership or investment interest; direct compensation for serving as faculty or as a speaker for a medical education program; grants; and any other payment or other transfer of value.

The new reporting program is intended to help reduce the potential for conflicts of interest that physicians or teaching hospitals could face as a result of

when your doctor has a financial relationship with the companies that manufacture or supply the medicines or medical devices you may need," said Peter Budetti, M.D., J.D., CMS

AOA's Brauns named one of optical's most influential women

AOA Chief Operating Officer Renee Brauns is listed among *Vision Monday's* Most Influential Women in Optical for 2013.

"Always focused on the best interests of our members, Renee is a key player in our team approach to transformative innovation at AOA," said AOA Executive Director Barry Barresi, O.D., Ph.D.

Brauns was nominated by John Coble, O.D., chair of the AOA's Meetings Center Executive Committee, for her dedication and honesty.

Brauns was selected from an extensive group of nominees as part of the executive suite category of honorees. *Vision Monday* recognizes this group "who guide their companies forward, inspire leadership among their teams and peers and achieve high performance."

Brauns is a 14-year veteran of the AOA and has served as COO since 2010. She oversees the Affiliate Relations and Membership Group, Communications and Marketing Group, Clinical Resources Group, Research and Information Center, Paraoptometric Group, and Meetings Center.

"It is a rewarding and evolving industry for someone who enjoys working with passionate individuals and is willing to be active and get involved," Brauns said. "It is that passion that drives me to want to succeed and give back even more to the profession."

To read more about Brauns and *Vision Monday's* Most Influential Women, visit <http://bit.ly/1bN9fuZ>.



Apps help doctors track payments

Doctors, manufacturers, and Group Purchasing Organizations (GPOs) can track data for the federal Open Payments program through two apps released by the U.S. Centers for Medicare & Medicaid Services (CMS). The program is part of the "Sunshine" provision of the Affordable Care Act.

These apps can be used to collect and store data on payments made to health care practitioners by health care product manufacturers.

While manufacturers and GPOs – not health care practitioners – are charged with reporting payment information to the government under the Open Payments program, health care practitioners can use the app to check the accuracy of information reported about them.

Use of the apps is entirely voluntary. Use of the apps does not constitute reporting of the information.

"Having this mobile tool at your finger-

tips will make data much simpler to track and report," said Peter Budetti, M.D., J.D., CMS deputy administrator for program integrity. "The mobile apps are available to help physicians and others track payments and other information they receive throughout the year. This is intended to make annual reporting easier and ensure greater data accuracy. CMS' foray into mobile technology is about providing user-friendly tools for doctors, manufacturers and others in the health care industry to use in working with us to implement the law."

To download the mobile apps free of charge, for both Android and Apple platforms, visit the Google Play Store™ or iOS Apple™ Store and search for "Open Payments."

For more information about the apps, visit go.cms.gov/openpayments.

For questions relating to Open Payments, email OpenPayments@cms.hhs.gov.

National task force joins AOA recommendations in urging comprehensive eye exams, not glaucoma screenings

Anyone at risk for glaucoma should have regular comprehensive dilated eye examinations, according to a new report by the U.S. Preventive Services Task Force (USPSTF). Screening is not sufficient to spot the disease, particularly in its early stages when prompt care can help limit vision loss.

In line with AOA recommendations, the government task force noted most people with glaucoma do not have symptoms, and comprehensive, dilated eye examinations are recommended every one to two years for those at higher risk for glaucoma, including blacks and Hispanics age 40 and older, all those older than 60 and those with a family history of glaucoma.

"This is another advocacy win by optometry, and further recognition of our profession's leadership role in safeguarding the health and well-being of the American people," said Mitchell T. Munson, O.D., AOA president.

Screening programs, commonly offered as a means of detecting glaucoma in the general population, check for only one sign that might not always be associated with the sight-threatening eye disease: elevated intraocular pressure (IOP), the USPSTF report noted.

Because of individual differences in normal eye pressure and the various forms of the disease, screening by itself is not sufficient

for accurately detecting glaucoma, the task force emphasized.

"In contrast, a comprehensive dilated exam looks at the back of the eye to detect

ably and consistently identify specific diseases in both symptomatic and asymptomatic patients. More importantly, though, regular comprehensive eye exams offer so

"This is another advocacy win by optometry, and further recognition of our profession's leadership role in safeguarding the health and well-being of the American people."

subtle changes of the optic nerve in patients without any visual symptoms, thereby potentially leading to early detection of the disease," the report stated.

Early treatment for glaucoma is effective in keeping visual field defects from getting worse and this is very important for preserving vision, the report found.

"The USPSTF recommendation regarding glaucoma screening for asymptomatic Americans in the primary care setting reaffirms the clear message that AOA doctors have been delivering to policymakers and the medical community for many years," Dr. Munson said.

"Whether it's identifying glaucoma in adults or refractive error and other amblyogenic factors in children, comprehensive dilated eye examinations provided by an optometrist or ophthalmologist are the only way to reli-

much more to patients of all ages. Unlike many screenings which typically target a specific disease or visual condition - and tend to do so rather poorly, comprehensive dilated eye examinations are instead designed to diagnose a more complete spectrum of eye diseases and vision conditions and have been shown to do so nearly 100 percent of the time."

The USPSTF report is the latest in a series of actions taken by government entities in supporting the concept of a comprehensive dilated eye examination as an essential preventive step aimed at ensuring optimal health for all.

Earlier this year, the AOA helped convince Congress and federal agency officials to make an annual comprehensive eye exam through age 18 the foundation of eye health care for America's children and a



required element of coverage under new health plans created under the Affordable Care Act beginning in 2014.

According to AOA analysis of health plans to be offered under the 2010 health care law, nearly all states will feature a pediatric vision care benefit based on an annual comprehensive eye exam provided by an eye doctor and is embedded with other benefits as part of the overall health insurance plan.

The analysis also indi-

cates that asymptomatic adult eye exams may be covered in health plans offered through state marketplaces at no additional cost to consumers – and roughly 27 states have included an adult eye health benefit in their benchmark plan. It is unclear at this point how widespread this adult coverage may be as the state-based marketplaces come online.

For more information, visit www.nei.nih.gov/glaucoma.

High-quality prints showcase importance of children's eye care

To further enhance patient care and education efforts, the AOA offers "gallery prints" highlighting the importance of comprehensive eye exams for children.

These digitally painted, museum-grade canvas gallery prints put the focus on children receiving comprehensive eye exams by optometrists.

The large-format 20 x 24-inch "gallery-wrapped" prints feature important visual messages that create a branded patient counseling collection.

Prints arrive with hardware, ready to hang with no framing costs and may be purchased individually, or as a collection, depending on the needs of the office.

The cost is \$89 for members per print.

To place an order, contact the AOA Marketplace at 800-262-2210 or visit www.aoa.org/marketplace-login-info.

The AOA Marketplace provides items to support Optometry and Optometric practices, from patient education information and educational study tools, to high resolution gallery prints for your practice.

For more information, email orders@aoa.org.



ODs eligible for Fulbright program

Doctors of optometry are eligible to participate in the Fulbright Specialist Program (FSP) and receive grants to participate in short-term collaborative projects at institutions around the world. Participants focus on strengthening and supporting the development needs of host institutions. Activities may include short-term lecturing, conducting seminars, teacher training, and collaborating on curriculum planning.

Individuals selected to participate are provided with international travel costs and a stipend funded by the U.S. Department of State Bureau of Educational and Cultural Affairs.

For more information on the program, visit www.cies.org/Specialists/#howitworks. To apply, visit <http://bit.ly/HAm5Ny>.



EYE ON WASHINGTON

Appeals Court decision spotlights expanded opportunities for optometrists in federally backed health centers

Mandatory services in rural clinics and federally qualified health centers (FQHC) must include physician services provided by optometrists that must be covered by the state Medicaid program, the 9th U.S. Circuit Court of Appeals ruled July 5, 2013.

The clinics and health centers sued the state of California after it eliminated coverage of so-called "optional services" in Medicaid (i.e., adult optometric, podiatric, chiropractic and adult dental services). Previously, the AOA and the California Optometric Association worked together to successfully reverse that attempt by the state to eliminate adult medical eye care provided by optometrists in the state's Medicaid program, but the clinics and health centers pursued the case to ensure cov-

erage of the eliminated services at their sites.

In the latest ruling, the federal appellate court determined that all Medicare-covered physician services provided by optometrists must also be covered by state Medicaid programs when those services are provided in rural health clinics and federally qualified health centers.

This decision does not mean that optometrists in California or other states can be considered as "physicians in the Medicaid program." The Medicaid law requires coverage of physician services provided by a medical doctor or doctor of osteopathic medicine and, if AOA-backed legislation advances in Congress, doctors of optometry. Moreover, federal law prevents states from eliminating coverage of medical eye care already provided

by optometrists.

The AOA Health Center Committee analyzed the federal appeals court ruling and believes it presents an enhanced opportunity for optometrists across the country

As of now, the courts have boosted the AOA's efforts to persuade these facilities to contract with or hire more ODs, if they can be convinced on a facility-by-facility basis to begin or expand the offering of

The AOA, through the Health Center Committee, is working with federal agencies and other national health care groups to increase opportunities for ODs at the nation's FQHCs and rural health clinics and allow expansion funding to go toward eye health care.

ODs are urged to review these AOA resources aimed at helping state affiliates and doctors target and approach local facilities about making eye health care access a priority by adding optometry to their scope of services. Visit <http://bit.ly/13xLxxN> for more information.

AOA members with questions and those seeking more information from the AOA Health Center Committee should contact Kelli White of the AOA Washington office at 800-365-2219 or kwhite@aoa.org.

Medical eye care for adults and children will now be covered under Medicaid, unless the U.S. Supreme Court is eventually persuaded to intervene and overturn the decision.

who want to serve patients in rural clinics and FQHCs. Medical eye care for adults and children will now be covered under Medicaid, unless the U.S. Supreme Court is eventually persuaded to intervene and overturn the decision.

covered eye health care services. With only 134 full-time equivalent optometrists at FQHCs nationwide currently providing optometric care and coverage set to expand under the new health care law, the time to take action is now.

DON'T MISS OUT! ONE FANTASTIC DESTINATION STILL AVAILABLE THIS YEAR!

EARLY REGISTRATION ENDS **OCTOBER 15!**

2013 2014

TROPICAL CE

The Leader in Destination Education

OUR 17TH YEAR!

Enjoy these amazing destinations in 2014:

COSTA RICA

TROPICAL RAINFOREST

January 18 - 25, 2014

KIORO ARENAL SUITES & SPA

Ron Melton, OD

Randall Thomas, OD

PLAYA DEL CARMEN

ADULTS ONLY ALL-INCLUSIVE

February 22 - March 1, 2014

SECRETS MAROMA BEACH

Jeff Gerson, OD

John McGreal, OD

BAHAMAS

FAMILY EVENT

June 29 - July 6, 2014

ATLANTIS PARADISE ISLAND

Ian Ben Gaddie, OD

Diana Sheckman, OD

Brian Mathie, OD

SONOMA, CALIFORNIA

WINE COUNTRY

September 7 - 11, 2014

HYATT VINEYARD CREEK RESORT & SPA

Paul Karpecki, OD

Maynard Pohl, OD

PUERTO VALLARTA

LOW-SEASON SPECIAL

November 6 - 10, 2013

CASAMAGNA MARRIOTT RESORT & SPA

Lecturers:

Kelly Nichols, OD, MPH, PhD, FAAO

Jason Nichols, OD, MPH, PhD, FAAO

NOVEMBER 6-10, 2013

Visit us online • www.TropicalCE.com • Register Now! • phone **281.808.5763** • fax **281.274.9338**



LETTERS

In memoriam: NYSOA Past President Dr. Lou Krop

Editor:

Dr. Lou Krop passed away at age 95 on July 7 in Reston, Va., where he retired after some 60 years as an optometrist in Williamsville, N.Y.

A solo practitioner tirelessly devoted to his patients, he moved up the officer ranks of the New York State Optometric Association (NYSOA), becoming its president in 1974.

Selected by the Board of Regents to represent the public on the New York State Board for Optometry, Dr. Krop was a longstanding board member, ultimately serving as board chair.

Nominated by former honorees, he received the rarely given Woll Award, the highest recognition given to an individual for extraordinary service to the NYSOA

and the profession.

He was the beloved husband of Mimi (Bohard) Krop, 93, who worked alongside him as office receptionist.

Jan Dorman, NYSOA executive director, acknowledged this loss as follows: "Sadly, there are very few left who... knew and worked with Lou; he... help[ed] transform the profession of optometry in New York and for that we will always be grateful."

We, his daughters, are proud of and respect our father's many fulfilling years of optometric service. We thank the state and national associations for recognizing and honoring our dad's commitment and many contributions to his profession.

Lisa Pantel, Lori Stein, Ilana Krop Wilensik, and Marci Krop-Cook

Correction

AOA offers new grads break on ascending dues

An amendment to the AOA Bylaws, approved by the association's House of Delegates during the 2013 Optometry's Meeting® in June, clarified that new optometry school graduates who join the association as active or federal service members are eligible for a reduced, ascending schedule of dues during the year they first earn a Doctor of Optometry degree or complete an approved graduate program. Prior to 2014, these the AOA Bylaws tied the ascending dues schedule to the year of first licensure.

New graduates who are not eligible for the reduced, ascending schedule of dues – a group that includes all members who are not active or federal services members – will be assessed the dues applicable to the membership classification. An article in the July edition of AOA News incorrectly suggested the dues exemption would apply to all new graduates for the year in which they receive their degree from optometry school or complete an approved graduate program, not just active or federal services members.

For additional information, visit www.aoa.org/about-the-aoa/governance-and-policies.

AOA helps in Brazilian optometry victory

The AOA and members of the World Council of Optometry (WCO) joined together to defeat legislation that would have restricted the ability of optometrists in Brazil to independently treat patients.

Brazilian President Dilma Vana Rousseff vetoed a clause affecting optometry in the recently approved Medical Bill No. 268/2002.

The legislation would have allowed optometrists to only practice under the supervision of a medical doctor.

This provoked an immediate response from Brazilian optometrists who were concerned about the impact that this could have on their scope of practice.

The Brazilian

optometrists reached out to the WCO, who in turn encouraged all optometry groups to write letters in opposition to the proposed

join with other optometry associations around the world to oppose legislation that would hurt patient access to high-quality eye care,"

"The AOA is proud to join with other optometry associations around the world to oppose legislation that would hurt patient access to high-quality eye care."

language.

The AOA and other national associations provided letters supporting the Brazilian optometrists' efforts.

"The AOA is proud to

according to AOA President Mitchell T. Munson, O.D. "Optometrists around the world stood together to show that more access to optometry, not less, is better for the citizens of Brazil."

July 2, 2013



American Optometric Association

1505 Prince Street, Alexandria, VA 22314 • (800) 365-2219
FAX: (703) 739-9497

H.E. Dilma Vana Rousseff
President of the Republic of Brazil

RE: Medical Bill No 268/2002

Your Excellency:

The American Optometric Association (AOA) submits comments regarding your country's consideration of Medical Bill No. 268/2002, on behalf of our fellow optometrists practicing in Brazil and at the request of the Brazilian Council of Optometry and Optics and the World Council of Optometry (WCO).

The AOA represents approximately 36,000 doctors of optometry, optometry students and paraoptometric assistants and technicians and is the premier association in the United States for the profession and a leading authority on the eye and vision health. Optometrists serve patients in nearly 6,500 communities across the United States, and in 3,500 of those communities are the only eye doctors. Doctors of optometry provide more than two-thirds of all primary eye and vision health care in the United States. Optometrists will play a valuable role in delivering care for those who are newly enrolled in insurance, and without optometrists, the eye care needs of the public cannot be met.

The AOA is aware that the Brazilian Congress has just approved Medical Bill No 268/2002, which seeks to regulate the medical profession. We understand that this bill could significantly limit the professional practice of several non-medical health care professions, including optometry, bringing these disciplines under the direct control of medical doctors. The AOA believes that these potential limits on the practice of optometry are not in the best interests of the people of Brazil and would hurt their ability to get high quality eye care.

We support the view of the WCO that implementing this bill will significantly reduce access to immediate and affordable eye health care in Brazil. The AOA believes that this can only increase the incidence of failure to identify sight threatening eye problems in the early stages of development and failure to prevent visual impairment and blindness.

In closing, the AOA highly recommends that you not put this Bill into law especially item ix of Article 4 of the legislation.

Sincerely,
Mitchell T. Munson, OD
President

LOVE AT FIRST FIT: The Practice Impact of Happy First-time Contact Lens Wearers

Michael S. Cooper, OD

A young patient's initial contact lens experience can have an impact far beyond the brief encounter in the office, as the patient and parent talk to friends and post their good (or bad) impressions on social media and online review sites.

With the 1-DAY ACUVUE® MOIST® Brand Contact Lens Family I can make that critical first lens experience a happy one for my new-wearer patients. This is because 1-DAY ACUVUE® MOIST® Brand Family helps me get new wearers started off right by delivering everything they need in a daily disposable contact lens...creating happy teens, whose parents will refer their friends and family members to me. To maximize the value of contact lens wear—for both the first-time patient and the practice—it is important to prescribe exceptional lenses, and to make sure that patients and their parents realize that the lenses prescribed represent the best technology available for their specific needs.

What's at Stake?

Patients who have a poor initial experience with contact lenses are at risk of dropping out. In fact, in one consumer study 58% of new to contact lens

review sites can reach countless strangers at just the moment those individuals are evaluating the practice.

The Conversation

Handled well, this increased interconnection can be a major benefit to the practice. The key to good online reviews is very much like the key to good word of mouth: happy patients who believe that they have been heard and given the solution that best meets their unique needs. The crux is in the conversation between doctor and patient—and, when appropriate, the parent as well.

Parents often bring children to see me after speaking to other parents whose children are enthusiastic contact-lens wearers. These parents come looking for clear, expert advice; and the way I frame my conversation with parent and patient is critical to gaining their trust and generating enthusiasm.

I begin by talking about my goals for contact lens wear, telling patients: "I want you to be my patient for life. To make that happen, I need to provide you with contact lens wear that is good for your lifestyle and for your eyes, and I want us to work together to make that happen." I then ask the patient and parent about *their* goals for contact lens wear and about the activities that are most important to the patient. Knowing the patient's lifestyle needs and expectations helps me select the right lens and, equally important, lets me explain specifically how that lens will meet their needs.

Not just dialogue... Referralogue.

The right dialogue—backed by the right prescription—starts children and teens off right. That gets the patients and their parents talking about your practice. Try this:

"1-DAY ACUVUE® MOIST® Brand Contact Lenses for ASTIGMATISM work with your natural blink mechanism so that the lenses stay in place and keep vision sharp. You mentioned that you're excited about learning to drive this summer. The BLINK STABILIZED™ Design of these lenses will keep your vision crisp and stable even as your eye moves from the rearview mirror to the dashboard and the road."



wearers reported that they were likely to stop wearing contact lenses and return to eyeglasses only. (From the aggregate results of the 2008, 2009, and 2011 multi-sponsor Gallup® Study of the US Consumer Contact Lens Market.) Ensuring a satisfying experience right from the start can mean happy long-term lens wear for the patient *and* a long-term patient for the practice.

But for the practice, there is much more at stake than a single patient. In the age of instant communication and far-reaching social networks, news travels fast and far: a child or teen, as well as the accompanying parent, can not only tell their Facebook® friends about their experience, but through online

The Lens Choice

While ocular health is always the first priority in lens selection, wearing comfort is also critical. Other top goals include good vision, ease of handling, and clear guidance on lens insertion and removal.

When I introduce 1-DAY ACUVUE® MOIST® Brand Contact Lenses, I tell patients I chose those lenses because they best meet the important criteria of delivering all-day comfort and moisture as well as simple care and easy handling. Then I tie the lens' benefits into the patient's specific expressed needs (see "Not Just Dialogue... Referralogue" for an example of this).

I make it clear, too, that if I wore contact lenses,

START THEM OFF RIGHT!

- ✓ The first experience in contact lenses shapes patient attitudes and builds a foundation for future success
- ✓ Patients with a negative early experience may drop out of lens wear sooner
- ✓ Young patients—and their parents!—are important referral sources
- ✓ Positive and negative patient experiences can be broadcast widely online
- ✓ Listen carefully to the patient, and make sure the patient feels heard
- ✓ Prescribe the right lens and explain exactly how it meets the patient's expressed needs
- ✓ Best-in-class products drive home a positive overall impression
- ✓ 1-DAY ACUVUE® MOIST® Brand family of lenses offers
 - › Comfort
 - › Convenience
 - › Great handling
 - › UV blocking*
 - › Crisp, stable vision

I would wear 1-DAY ACUVUE® MOIST® Brand lenses myself. And I explain how 1-DAY ACUVUE® MOIST® lenses meet my particular needs.

UV protection is very important for long-term eye health, and I make sure that parents and children know that the 1-DAY ACUVUE® MOIST® family of lenses help provide effective UV blocking*. I emphasize the importance of protecting young, developing eyes from the sun, and I make sure parents understand that UV-blocking contact lenses are just part of a larger strategy that includes wrap-around UV blocking sunglasses, sunscreen lotion, a wide-brimmed hat, and seeking shade when possible.

Organic Practice Growth

Helping young people become successful contact lens wearers generates meaningful year after year practice growth. Daily disposable lenses are not only the fastest growing lens modality in my practice, I find that patients in these lenses are more loyal than average, coming back more regularly for comprehensive exams and to re-order lenses.

For first-time wearers, especially, building every exam around a positive, informative, patient-focused interaction creates trust—trust that is buttressed by patient experience with contact lenses that deliver on my promises. That trust, and a lens that meets the patient's specific needs, helps me ensure happy patients and good word of mouth—both in-person and online.

Michael S. Cooper, OD, practices at the Windham Eye Group, PC in Willimantic, CT.



Visit acuvuepro.com to learn more about the 1-DAY ACUVUE® MOIST® Brand Family.

ACUVUE® Brand Contact Lenses are indicated for vision correction. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available from VISTAKON® Division of Johnson & Johnson Vision Care, Inc., by calling 1-800-843-2020 or by visiting www.jnjvisioncare.com.

*Helps protect against transmission of harmful UV radiation to the cornea and into the eye.

WARNING: UV-absorbing contact lenses are NOT substitutes for protective UV-absorbing eyewear such as UV-absorbing goggles or sunglasses because they do not completely cover the eye and surrounding area. You should continue to use UV-absorbing eyewear as directed.

NOTE: Long-term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of outdoor activities). UV-blocking contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-blocking contact lenses reduces the risk of developing cataracts or other disorders. Consult your eyecare practitioner for more information.

ACUVUE®, 1-DAY ACUVUE® MOIST®, BLINK STABILIZED™, and VISTAKON® are trademarks of Johnson & Johnson Vision Care, Inc.

Third party trademarks used herein are trademarks of their respective owners.

Eye care costs rose just 0.3% last year

Consumer costs related to eye care increased less than costs for any other health care service or related cost during 2012.

The Eyeglasses and Eye Care Services Index, compiled by the U.S. Department of Labor's Bureau of Labor Statistics (BLS), increased a mere 0.3 percent during 2012. That was well under last year's overall inflation rate of 1.7 percent and a fraction of the 3.2 percent increase posted for health care costs overall during 2012, according to BLS Consumer Price Index (CPI) data.

Virtually every year since the government first began tracking them, increases in patient charges related to eye care have trailed both the overall inflation rate and increases in charges related to most other health care services.

Prices for eyewear and professional fees for eye care increased 0.7 percent in 2011. The overall inflation rate was 3 percent that year.

In determining the nation's rate of health care cost inflation, the BLS tracks a variety of care-related charges from hospital and nursing home services to pro-

fessional fees charged by health care practitioners and the prices of health care products.

The Eyeglasses and Eye Care Services Index has traditionally risen more slowly than the BLS' other profes-

sional health services indices. That is because, unlike other BLS professional health service indices, the Eyeglasses and Eye Care Services Index reflects both fees for professional services and the cost of related health care commodities (specifically eyeglasses and contact lenses).

Professional fees tend to rise faster than prices for health care-related commodities, according to the BLS.

In addition, eyewear, unlike many other health care commodities, is often placed "on sale" by retailers. As a result, sale pricing is often reflected in the BLS Eyeglasses and Eye Care Services Index.

The 3.2 percent increase in the overall cost of health care in 2012 (down slightly from a 3.5 percent increase in 2011) reflected a 3.7 percent increase in medical care services (which rose 3.6 percent in 2011), a 1.7 percent increase in medical care com-

modities (up from a 3.2 percent increase in 2011), and a 9.9 percent increase in the cost of health insurance (which decreased 6.1 percent in 2011).

Like other Consumer Price Index data, the BLS medical care indices are limited to items with an out-of-pocket expenditure. In the case of health insurance, out-of-pocket expenditures are defined to include the portions of health insurance premium amounts that are paid by consumers.

Professional service fees

The 3.7 percent increase in medical care services last

year came as a result of 1.9 percent increase in professional services (which rose 2.2 percent in 2011) and a 4.6 percent increase in fees for hospital care and related services (down from the 5.3 percent increase recorded in

professionals (which rose 1.3 percent in 2011), as well as the 0.3 percent increase in charges for eyewear and eye care.

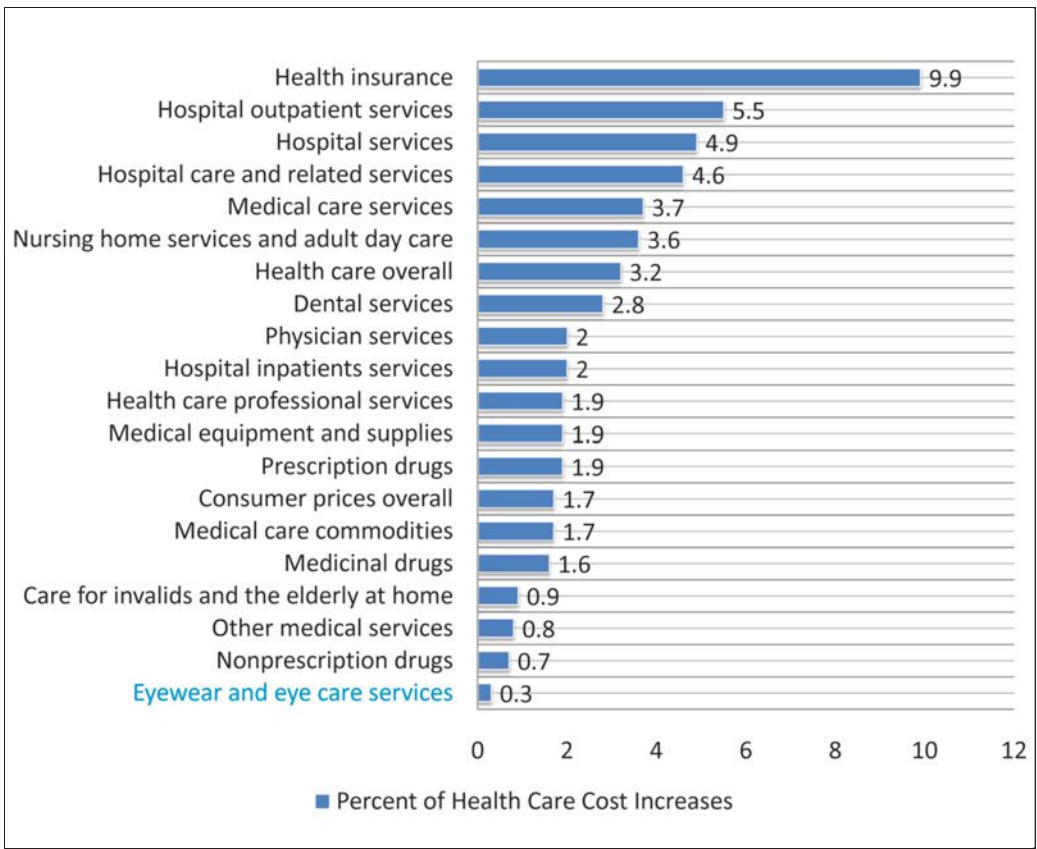
It is important to note that eye care-related costs tend to change at various rates around the nation.

The BLS Eyeglasses and Eye Care Services Index is based on approximately 680 quotes for services provided by opticians, optometrists, and ophthalmologists.

It includes eye exams, dispensing of eyeglasses and contact lenses, office visits, and surgical procedures performed in a health care practice or hospital. Statistics cited are percentage increases in the indices (U.S. city averages, all urban consumers) from December 2010 to December 2011, not seasonally adjusted.

For further detail, visit <http://data.bls.gov/PDQ/outside.jsp?survey=cu>.

Consumer costs related to eye care increased less than costs for any other health care service or related cost during 2012.



Comparison of eye care cost increases to other health professions

Eyeglasses and Eye Care Services Indices by year

1987 – 5.3 percent	2000 – 2.4 percent
1988 – 4.7 percent	2001 – 2.8 percent
1989 – 3.4 percent	2002 – -0.3 percent (decrease)
1990 – 4.5 percent	2003 – 1.5 percent
1991 – 3.6 percent	2004 – 2.9 percent
1992 – 3.7 percent	2005 – 3.1 percent
1993 – 2 percent	2006 – 2.0 percent
1994 – 3.3 percent	2007 – 1.5 percent
1995 – 2.4 percent	2008 – 0.3 percent
1996 – 1.2 percent	2009 – 1.7 percent
1997 – 1.6 percent	2010 – 0.3 percent
1998 – 1.8 percent	2011 – 0.7 percent
1999 – 3.1 percent	2012 – 0.3 percent

Legislation,

from page 1

by Kentucky in 2012 and then passed by both Maryland and Texas in 2014. The optometry version of the law would prohibit anti-competitive behavior by health plans and vision plans and allow providers and patients to reach reasonable fees for services and materials. Also, it will stop health and vision plans from hurting small businesses by forcing unfair contract terms on them.

Regarding the Maryland bill, John L. Burns, O.D., Maryland Optometric Association president, called the passage of House Bill 1160 a victory for optometry and for all vision care providers in Maryland.

He noted that Maryland's bill not only prevents insurers from mandating optometrists provide discounts on uncovered materials and services, but goes one step further: it also provides protections against contract provisions forcing optometrists to join a discount vision plan in order to participate with the insurer's major medical network.

"The MOA is thrilled to have passed this piece of legislation in just one year," Dr. Burns added. "There is a lot more to do, but this was a great start."

On the Texas bill, Thomas A. Lucas, Jr., O.D., legislative chair for the Texas Optometric Association, said, "This is an important victory for the profession of optometry, not only now but for the future. We are happy that Texas could lead the way on this state-by-state initiative to restore a small amount of independent decision making to our practices."

"What this bill is really about is common-sense fairness to our small businesses. This law sets what most consider to be very reasonable and obvious limits on what is out-of-bounds in a contracting situation that can be inherently unfair to the small business optometrist," said Dr. Lucas. "Allowing optometrists to be competitive and responsive to local marketplace conditions for products and services

beyond the defined covered benefit is a good thing for optometrists, employers and patients."

When talking to legislators, it's important to point out that this bill does not mandate a benefit on the insurance

companies or raise insurance costs for patients because this requirement does not require health plans, vision plans or consumers to add any additional services to their plan. In addition, the bills do not prohibit one business from forc-

ing another business to reduce its charges for services when it does not pay any part of the purchase cost.

State leaders interested in the legislation should attend the 2013 State Legislative and Third Party National

Conference Sept. 8-9 in Washington, D.C., to learn more about this bill. For more information, contact Brian Reuwer at the AOA's State Government Relations Center at 703-837-1343 or via email at breuwer@aoa.org.

Wells Fargo Practice Finance

WELLS
FARGO

Is it time to put your practice plans in motion?



Whether you're preparing for ownership or planning for growth, Wells Fargo Practice Finance can help you achieve your practice goals.

- Customized financing to help acquire, start or expand your practice
- Competitive fixed rates with preferred pricing for AOA members
- Complimentary business planning tools, educational resources, and practice management consulting to help you navigate your future success with confidence

To get started, contact us at **1-877-207-5395**, or visit **wellsfargo.com/aoanews** to request your **free Practice Success Planner**.



Wells Fargo Practice Finance is the only practice lender recommended by AOAExcel for AOA members.

AOA **business** | AOA Next Generation Optometry **excel**

All practice financing is subject to credit approval.
AOAExcel™ is a wholly own subsidiary of the American Optometric Association®.
© 2013 Wells Fargo Bank, N.A. All rights reserved. Wells Fargo Practice Finance is a division of Wells Fargo Bank, N.A.

Together we'll go far



Countdown of the Top 10 AOA News stories

No. 3: Rhode Island law amended to permit diagnostic drugs

Editor's Note: To commemorate 50 years of groundbreaking news in optometry, we are publishing the Top 10 AOA News stories as selected by our readers from all five decades. Please share your commentary and personal stories on the site as well (<http://connect.aoa.org>). The AOA News ran the following article in August 1971.

Rhode Island has become the first state to have a law explicitly giving optometrists the authority to administer diagnostic drugs.

Gov. Frank Licht signed the new optometry act July 16, following its passage July 14 by the Rhode Island Senate.

The senate vote was 25 to 16.

The new law, strongly advocated by the Rhode Island Optometric Association, reads in part:

"Optometry is defined as the profession whose practitioners are engaged in the art and science of the evaluation of vision and the

examination of vision and the examination and refraction of the human eye which includes:...the topical application of drugs to the eye, to wit, mydriatics, miotics, and the use of topical anesthetics, provided however, that no optometrist licensed in this state shall treat by the use of these drugs or attempt to perform any surgery and shall be used only for the purpose of detecting any diseased or pathological condition of the eye or the effects of any disease or pathological condition of the eye...."

The bill requires presently licensed optometrists who wish to utilize diagnostic drugs to satisfactorily complete a pharmacology course at an accredited institution and to successfully complete a state examination given by the board of examiners in optometry. The new law also specifies that the state examination for licensure shall include pharmacology.

The previous law defined optometry as "the employment of any method

In reflecting upon the gains of the past, many members logged on to AOACONnect and voted for the top story of the past 50 years. Here are some of the choices:

- 1963—AOA became an agency member of the American Public Health Association.
- 1964—AOA files complaint with U.S. Dept. of Justice alleging restraint of trade and conspiracy on the part of the American Medical Association
- 1967—Council on Clinical Optometric Care is formed
- 1967—Alabama legislature authorizes the establishment of a school of optometry, the first to be an integral part of a medical center (UAB)
- 1968—American Optometric Student Association (AOSA) formed
- 1971—First DPA Law passed - Rhode Island
- 1976—First TPA Law passed— West Virginia
- 1977—U.S. Supreme Court reverses four decades of precedent and holds that professionals may utilize truthful advertising (Bates v. Arizona State)
- 1986—Medicare parity legislation allows reimbursement for optometrists for health-related services performed on nonaphakic patients.
- 1988—Federal Trade Commission approves trade regulation (Eyeglasses II)
- 1994—Publication of first AOA Optometric Clinical Practice Guidelines, providing ODs evidence-based recommendations for patient care
- 1998—First state law specifically authorizing the use of lasers by optometrists for certain treatment purposes enacted in Oklahoma
- 2000—Kentucky became the first state to require children to have a vision examination before entering the public school system
- 2002—AOA launches the Healthy Eyes, Healthy People® program
- 2005—InfantSEE® program established
- 2008—AOA establishes the National Commission on Vision and Health (NCVH)
- 2009—AOA House of Delegates votes in favor of establishing the American Board of Optometry (ABO) to develop and implement the framework for optometric board certification

or means other than the use of drugs, medicine or surgery, for the ascertainment of visual defects or ocular muscular imbalances and

the application of lenses and prisms for the correction thereof."

Changed to identify optometry as a profession,

the new law also spells out the optometrist's authority to perform vision training and orthoptics and fit contact lenses.

Health IT,

from page 1

(PQRS) – Practitioners must submit their calendar year (CY) 2013 data to receive a Physician Quality Reporting System (PQRS) incentive payment for 2013 by this date. It is also the last day for Medicare EPs participating in the Electronic Reporting Pilot to submit quality data to satisfy both PQRS and the CQM requirement of the EHR Incentive Program. Learn more about the PQRS program at <http://go.cms.gov/18DfttF>, www.aoa.org/PQRS, or www.excelod.com/PQRS. For information on the EHR Incentive Program Electronic Reporting Pilot, see <http://go.cms.gov/1bUXtPh>.

❖ **EHR attestation** – This is also the deadline for practitioners to register and attest to

demonstrating meaningful use for the Medicare EHR Incentive Program to receive an incentive payment for the 2013 reporting year. Medicaid registration and attestation deadlines may differ by state. For additional information, see <http://go.cms.gov/HLRApo>.

Oct. 1, 2014

❖ **ICD-10** – This is the official transition date from ICD-9 to ICD-10 codes for diagnoses in health care practices and all other health care settings, as well as for procedures in hospital inpatient settings. Step-by-step CMS resources can help practitioners make sure they are prepared for the transition

(<http://go.cms.gov/Xe9zeO>).

❖ **EHR meaningful use** – This is the last day for practitioners who have not yet participated in the Medicare EHR Incentive program to begin their 90 days of meaningful use in 2014. Medicare practitioners will not be able to earn incentives for participation in the program after this date and will be subject to payment adjustments. Payment adjustments start at 1 percent and are cumulative for every year an EP does not participate (see <http://go.cms.gov/OpAA6N>).

Nov. 5, 2014

❖ **Health Plan Identifier** – This is the deadline for large health plans to obtain a

Health Plan Identifier (HPID). Small health plans have until Nov. 5, 2015 (see <http://go.cms.gov/Qn77dS>).

Stay up to date

For optometrists, becoming an integral part of the nation's emerging e-health system is essential, according to AOA President Mitchell T. Munson, O.D.

"America is transitioning to a health care system heavily focused on primary and preventive care," Dr. Munson said. "Optometrists have the potential to play a key role in the nation's transformed health care system, but only if they become part of the e-health systems that will support it. That means

optometrists must meet all pertinent e-health deadlines over the coming months."

The AOA and its AOAEExcel™ subsidiary offer a range of guidance and services specifically designed to ensure optometrists can meet each of those deadlines.

The CMS frequently updates the information available to health care practitioners on its e-health programs. Changes in e-health program rules, regulations, criteria or deadlines are possible, the AOA Advocacy Group noted.

Optometrists should make a point to stay up to date with the developments related to e-health by following the AOA on Twitter (@AOANews and @AOACONnect) and online at aoa.org/news.



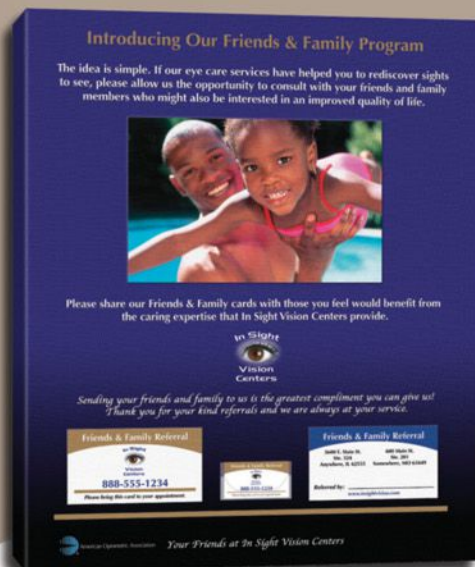
Friends & Family Referrals, Visually Simple

Your Choice of 4 Customized Designs



To Promote "Word of Mouth" Practice Growth

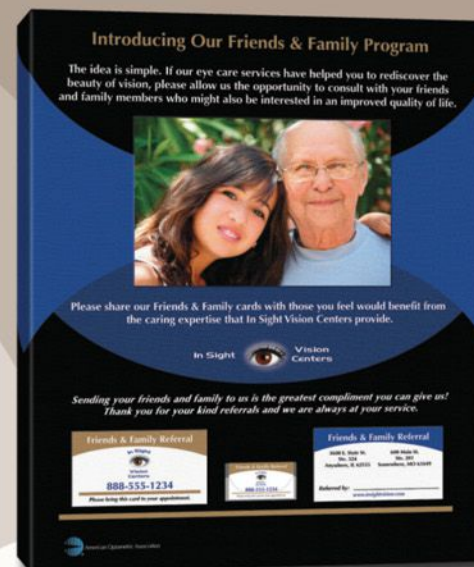
24"x 30" Ready to Display Canvas Artwork Kits



FF-1



FF-2



FF-3

Distribute More Referral Cards with Less Time

Each Branded Practice Growth Kit Features:

- 1 Large Format Canvas with your logo
 - 1000 Friends & Family Referral Cards with your logo & location information
 - 1 Referral Card Holder for canvas display
 - 1 Display Easel
- takes less than 3 sq. ft. of floor space
- Member Price, only \$299 plus shipping



front & back

Referral Cards
(included with each kit)

Thank You Cards
(sold separately)



front & back
(blank inside)



Promoting Your Friends & Family Referrals
is as easy as 1-2-3

- 1 Display your customized canvas in a highly visible location
- 2 Keep your referral card holder fully stocked
- 3 Mail a Thank You card with more Friends & Family referral cards for each new patient response

Start Building Your Practice Growth Collection Today!

Call the AOA Marketplace at 800-262-2210, visit www.aoapracticegrowth.com
or scan this QR Code with your mobile phone.



InfantSEE® reaches 100,000 milestone



2013 Dr. W. David Sullins, Jr. InfantSEE® Award recipient Cara Frasco, O.D., at left, from Ohio, performs an InfantSEE® assessment.

Nearly 7,300 volunteer AOA optometrists in all 50 states have seen more than 100,000 babies through the InfantSEE® program.

In 2005, Optometry Cares® - The AOA Foundation and The Vision Care Institute™, LLC, a Johnson & Johnson company, partnered to create InfantSEE®, a no-cost public health program developed to provide professional eye care for infants nationwide.

Through InfantSEE®, optometrists provide a one-time, comprehensive eye assessment to infants in their first year of life, offering early detection of potential eye and vision problems at no cost regardless of income.

Congratulations to InfantSEE® and all of the participating optometrists who make this program possible. For more information about InfantSEE® or to become a provider, visit www.infantsee.org.

Federal employee health plans now cover same-sex spouses

Optometrists who see patients under the Federal Employees Health Benefits (FEHB) Program or Federal Employees Dental and Vision Insurance Program (FEDVIP) should be aware the health plans now extend coverage to same-sex spouses of married federal employees, according to the U.S. Office of Personnel Management (OPM).

FEDVIP plans are stand-alone vision programs offered by several FEHB programs. Health insurance industry observers expect enrollment in FEHB and FEDVIP plans to increase, although estimates vary on how much.

The OPM issued letters to administrators for the two health plans July 3, 2013, indicating benefits coverage is effective immediately to any legally married same-sex spouse of a federal employee, as well as to the children of such same-sex couples.

The coverage is available regardless of the employee's state of residency, according to the OPM. However, the coverage decision does not extend to registered domestic partners or individuals in civil unions.

The coverage policy change comes following a June 26, 2013, ruling by the U.S. Supreme Court declaring a key section of the federal Defense of Marriage Act

(DOMA) unconstitutional.

In the wake of the Supreme Court ruling, other public and private insurance plans may issue similar coverage policy changes, the AOA Advocacy Group noted.

Because existing same-sex marriages were not recognized by the federal government before the Supreme Court decision, all legal same-sex marriages that pre-date the decision are being treated as new marriages; enrollees will have 60 days from June 26, 2013, (i.e., until Aug. 26, 2013) for enrollment actions.

For additional information on the FEHB and FEDVIP coverage policy change, visit www.opm.gov.

Alcon funds pilot project for needy students

Optometry Cares® - The AOA Foundation announced a donation of \$50,000 from the Alcon

project will partner with Tarrant County Community College in the Fort Worth, Texas, metropolitan area to assist low-income and unin-

The program will assist low-income and uninsured students.

Foundation to fund a pilot project to increase access to basic eye health and vision services.

The community service

sured students.

The pilot project will provide vouchers to students for an eye exam and materials.

Students need you!

Optometry Cares® staff and the VISION USA Committee are looking for AOA members to help the needy in their area by volunteering to assist with this pilot community service project.

To assist in this effort, call 314-983-4261 or email visionusa@aoa.org.

To volunteer and learn more about the VISION USA program, visit www.aoafoundation.org.

Since its inception, the VISION USA program has offered access to vision and eye health care to more than 430,000.

EyeLearn
AOA's Online Learning Resource

earning CE credit is simple
any time, any place

Discover what thousands of AOA members already know — they can learn on EyeLearn, 24/7/365.

EyeLearn's full menu of complimentary, members-only options for every learning style can help you:

- Earn accredited education
- Prepare for board certification at no cost
- Manage your practice with tools for e-prescribing and coding
- Research clinical findings through Journal articles and practice guidelines
- Test your knowledge with assessments
- Find nearby CE classes

For more information visit www.AOA.org/EyeLearn.

American Optometric Association

You're covered...

The *who, what, and why* of **cyber liability coverage**

AOA **X** business

AOA Next Generation Optometry
excel

WHO

Anyone who runs a website, conducts e-transactions, or stores personal patient information is in need of **cyber liability coverage**.

WHAT

Given the digital age we now live in, **cyber liability coverage** is geared toward protecting optometrists who conduct many business functions online, such as operating a website for their practice or storing confidential patient records.

WHY

A practice is legally responsible for how it protects, collects, shares, and provides access to secure patient information. Without **cyber liability coverage**, your practice alone will have to bear the burden of the costs associated with privacy breach claims.

Cyber Liability Coverage from AOA Malpractice Insurance

Learn more at ExcelOD.com/Malpractice-Insurance
or call **888.343.1998**.

Insurance Program Administered by Lockton Affinity, LLC.
AOAExcel™ is a wholly owned subsidiary of the American Optometric Association®.



American Academy of Optometry announces 2013 award recipients

Each year the American Academy of Optometry recognizes distinguished individuals who have made countless contributions to advancing the profession of optometry.

The academy announced these 2013 award recipients:

- ❖ Gordon E. Legge, Ph.D.
Charles F. Prentice Medal and Lecture Award
- ❖ David B. Elliott, Ph.D., MCOptom
Glenn A. Fry Award and Lecture (American Optometric Foundation Award)
- ❖ Pete Kollbaum, O.D., Ph.D.
Irvin M. and Beatrice Borish Award
- ❖ George Woo, O.D., Ph.D.
AAO-Essilor Award for Outstanding International Contributions to Optometry
- ❖ Sandra Block, O.D.
Carel C. Koch Memorial Award
- ❖ Krystal L. Schulle, O.D.
Julius F. Neumueller Award in Optics (American Optometric Foundation Award)
- ❖ Murray Fingeret, O.D.
Vincent Ellerbrock Clinician Educator Award
- ❖ Louis J. Catania, O.D.
Eminent Service Award
- ❖ Anthony P. Cullen, O.D., Ph.D.
Michael G. Harris, O.D., J.D.
Life Fellow Award
- ❖ Padmaja Sankaridurg, BOptom, Ph.D.;
Leslie Donovan, BOptom; Saulius Varnas, PhD; Arthur Ho, Ph.D.; Xiang Chen; Aldo Martinez, Ph.D.; Scott Fisher; Zhi Lin; Earl L. Smith, III, O.D., Ph.D.; Jian Ge, M.D.; and Brien A. Holden, Ph.D., D.Sc.
Garland W. Clay Award
- ❖ Barbara Junghans, BOptom, Ph.D.
Michael G. Harris Award for Excellence in Optometric Education (American Optometric Foundation Award)
- ❖ Awards of the Section on Cornea, Contact Lenses & Refractive Technologies
Lyndon W. Jones, Ph.D., FCOptom
Max Schapero Memorial Lecture Award
- ❖ Pat Caroline, Mark P. Andre, and Craig Norman
Founders' Award

Award winners will be recognized at the Academy 2013 Seattle Awards Ceremony Oct. 25.

The American Academy of Optometry's annual meeting, Academy 2013 Seattle, will take place Oct. 23-26, 2013, at the Washington State Convention Center in Seattle, Wash.

For more information, visit www.aaopt.org.

Smythe elected as ASCO's first woman president

The Association of Schools and Colleges of Optometry (ASCO) elected Jennifer Smythe, O.D., Pacific University College of Optometry dean, as president. She is the first woman elected to the ASCO office of president.

Dr. Smythe will head the association made up of 21 schools and colleges of optometry across the United States and Puerto Rico.

"A goal of mine this year is to increase awareness of the value of inter-professional education," Dr. Smythe said. "Optometry is a very diverse field, and inter-professional education



Jennifer Smythe, O.D., dean of the Pacific University College of Optometry, will serve as the first woman elected ASCO president.

A Pacific alumna who has served as dean since 2008, Dr. Smythe earned her bachelor's and master's

a professor, chief of contact lens services and associate dean for academic programs. She spent 12 years in private practice and has written extensively on vision care.

"Because of Dr. Smythe's passion for our profession and concern for the future of optometric education, she will be an excellent leader for ASCO in the upcoming year," said Dori Carlson, O.D., who was the first woman president of the AOA.

Dr. Smythe's term as president is from July 1, 2013, to June 30, 2014.

"Optometry is a very diverse field, and inter-professional education will not only enhance the experience of our students but also the patients they serve."

will not only enhance the experience of our students but also the patients they serve."

degrees and optometry doctorate at the university.

Prior to serving as dean, Dr. Smythe served as

ARBO elects new board

The Association of Boards of Optometry (ARBO) elected its 2013-2014 board of directors at its 94th Annual Meeting in June.

W. Ernest Schlabach, O.D., of Harrisonburg, Va., was elected president of ARBO for the 2013-2014 term. Dr. Schlabach was elected to the ARBO Board of Directors in 2008 and served two terms as secretary-treasurer and one term as vice-president. Dr. Schlabach previously served on the Virginia Board of Optometry.

New ARBO officers are:

Roger D. Pabst, O.D., of Redwood Falls, Minn., vice-president, and Susy Yu, O.D., of Rancho Palos Verdes, Calif., secretary-treasurer. Dr. Pabst serves on the Minnesota Board of Optometry, and Dr. Yu previously served on the California Board of Optometry.

Michael W. Ohlson, O.D., of West Union Iowa will serve as immediate past president. Gregory S. Moore, O.D., of Charleston, W.Va.; Michael J. O'Hara, J.D., Ph.D., of Omaha, Neb.; William B. Rafferty, O.D., of Winston-Salem, N.C.; and

Jerry A. Richt, O.D., of Cleveland, Tenn., will serve as directors.

Founded in 1919, the Association of Regulatory Boards of Optometry's purpose is to represent and assist member licensing agencies in regulating the practice of optometry for the public welfare. ARBO is based in Charlotte, N.C., and serves 65 boards of optometry in the United States, Canada, and Australia.

For more information, contact Lisa Fennell, ARBO executive director, at 704-970-2710 or arbo@arbo.org.

2013 EHR and Medical Records Compliance Program

Healthcare providers are regularly audited by Medicare and various other payers. Learn how to maintain better patient records- both paper and electronic- in order to ensure enhanced patient care, increased communication among doctors and staff, more accurate coding, and reduced stress regarding audits.

Attendees will also learn the ins and outs of implementation and use of EHRs to grow their practices and improve patient care.

- Learn the step-by-step approach to Meaningful Use Stage 1: \$15,000 is yours to claim now*
- Decode Health Information Technology lingo: Interoperability, Image Management, Connectivity – “need-to-knows” to survive and succeed in the rapidly changing world of healthcare
- Understand how to participate in the EHR Incentive Program when other doctors in your practice are not

*Please note: Incentive dollar amounts are calculated as a percentage of total Medicare payments and as such, may vary depending on a particular doctor's gross payments from Medicare.

Speakers include:

Chad Fleming, O.D., F.A.A.O.- AOAExcelTM Business & Career Coach
Chuck Brownlow, O.D.- AOAExcelTM Medical Records & Coding Consultant
David Jaco, O.D.

August 21, 2013

August 23, 2013

Program Sponsors:



VisionWeb



AT&T
ForHealthSM

Limited Time Registration Offer!

**AOA member
rate:** **\$75**
(regular rate \$200)

**Non-member
rate:** **\$150**
(regular rate \$275)

**To register or view future program
dates, please visit ExcelOD.com/EHR.**

AOAExcelTM is a wholly owned subsidiary of the American Optometric Association®.



MEDICAL RECORDS & CODING

'Ask the Codeheads'

Billing for visual aids FAQ

By Walt Whitley, O.D., Jason Miller, O.D., and Chuck Brownlow, O.D., AOAExcel™ medical & records consultants

In this month's Ask the Codeheads, we address a few commonly asked questions related to Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS).

Billing and coding for post-operative visual aids can be a challenging and frustrating process for some. Here are some tips to help that process as well as resources

aphakia): one frame and two lenses per year or on a reasonable and necessary basis.

When billing for standard lenses:

- ❖ For one or two lenses, bill the correct HCPCS code (V21xx, V22xx, or V23xx) on separate lines for each eye, use modifier RT or LT and the fee for one lens at your usual and customary (U&C) fee.

When billing for progressive lenses:

- ❖ First: Bill for standard lenses (see above).
- ❖ Then: When billing for

patient preference item, you would also add the EY modifier (no physician order), and this item would be on a separate claim form. All items with no physician order should be billed on a separate claim form.

For more information, visit <http://bit.ly/137Bkof>.

Question #1: I have heard about Medicare charging ODs to provide after-cataract glasses (around \$523). Could you please explain this to me?

Answer: Unfortunately, the answer to this is yes. DME CMS recredentialing: All suppliers of DMEPOS, including eyeglasses and contact lenses for post-operative cataract patients, are subject to the fee. If you enrolled in Medicare (participating or non-participating) you may write prescriptions for your patients, but you are not registered as a supplier of DMEPOS. The patient will not receive a benefit unless the supplier is DMEPOS-credentialed. If you are neither a supplier nor enrolled with Medicare, the patients will not be reimbursed for their glasses or contact lenses based on your prescription or those supplied by you.

Remember, the fee covers the provider for three years, so it's not as bad as it sounds.

In addition, optometrists are exempt from the surety bond requirement as long as they do not fill prescriptions from outside the practice. If a new patient appears with an outside prescription from a different doctor, we recommend making the patient your own patient by creating a record form, gathering demographic information, performing visual acuities and possibly an automated refraction.

See Codeheads, page 24

If you enrolled in Medicare (participating or non-participating) you may write prescriptions for your patients, but you are not registered as a supplier of DMEPOS.

that may prove helpful.

Some basics – Medicare does not pay for glasses or contact lenses or low vision devices except for diagnoses related to cataracts (one pair per lifetime per eye after cataract surgery with implant) or surgical or congenital aphakia (frequency based on a doctor's recommendation). If the diagnosis is not related to cataract extraction with implant or aphakia, there is no point in billing the supply of glasses, contacts or low vision devices to Medicare.

Additionally, when billing Medicare for post-op spectacles, possible payable diagnosis codes include:

- ❖ V43.1 (pseudophakia): one frame and two lenses per operated eye.
- ❖ 379.31 (aphakia): one frame and two lenses per year or on a reasonable and necessary basis.
- ❖ 743.35 (congenital

only one lens, bill V2781 with a quantity of one and a RT or LT modifier.

- ❖ Finally: When billing for two lenses, bill V2781 with a quantity of two without a modifier.

Local coverage determination guidelines can prove to be very helpful. They include details for specific upgrades and billing procedures. For example, (in Ohio) a section of the refractive lens policy (Billing and Coding Guidelines) states:

"When billing claims for progressive lens, use the appropriate code for the standard bifocal (V2200–V2299) or trifocal (V2300–V2399) lens and a second line item using code V2781 for the difference between the charge for the progressive lens and the standard lens."

Polycarbonates (V2784) are covered only for patients with functional vision in only one eye. If this were a

AOAExcel™ Medical Records & Coding Resources

The following resources are available to AOA members through AOAExcel™. Visit www.ExcelOD.com/Coding.

- ❖ "Frequently Asked Questions" for members-only, provides detailed answers to medical records and coding questions.

- ❖ AskTheCodingExperts@ExcelOD.com offers AOA members-only the opportunity to email their coding questions and have them answered by a topical expert in medical records and coding.

- ❖ Medical Records and Coding Webinars are provided as a no-cost AOA member-only benefit to educate doctors and staff on medical record-keeping and coding.

- ❖ The AOACONnect social networking site features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (connect.aoa.org).

- ❖ AOACodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously \$349). AOACodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.

- ❖ AOA.ReimbursementPlus.com Suite, a customized version of the industry-leading Current Procedural Terminology (CPT) data and information service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, Centers for Medicare & Medicaid Services (CMS) reimbursements, national and local coverage rules, Correct Coding Initiative (CCI) edits and any other CPT information desired, all specific to the practitioner's ZIP code. AOA.ReimbursementPlus.com provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.

- ❖ Codes for Optometry is available from the AOA Marketplace for \$140. It is a two-volume set including Current Procedural Terminology® American Medical Association codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the Healthcare Common Procedure Coding System (HCPCS) codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

AOAExcel™ is devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs.

The AOA is excited to bring this expertise directly to members' offices as a value-added member benefit. Many of these benefits are provided at no cost or at greatly reduced cost to AOA members.



Uprise

Practice Management & EHR by **VisionWeb**

Practice Management & EHR with a Higher Standard.

It's a cloud-based solution like nothing you've ever seen before. **Surprisingly simple, and so much more than practice management and EHR.**

StartYourUprise.com



AOAExcel™ offers Business & Career Resources

The following resources are available to AOA members through AOAExcel™. Visit www.ExcelOD.com.

❖ **Optometry's Career Center®** provides a national, online database and career matching service that helps you find jobs, partners or candidates in the optometric field across all 50 states and the District of Columbia. Visit www.OptomtrysCareerCenter.com.

❖ **'Frequently Asked Questions'** for members only, provides detailed answers to business and career questions.

❖ **BusinessAndCareer OD@ExcelOD.com** offers AOA members the opportunity to email their practice management questions and

have them answered by a topical expert in buying/selling agreements, bringing in associates, staff management, and other practice management topics.

❖ **Business and Career Webinars** are no-cost AOA member-only benefits to educate doctors on how to navigate their career paths, from practice entry, to management, growth, and succession planning.

❖ **AOAConnect** is a members-only social networking site with a Practice Pathways Group where AOA members, students, volunteers and staff can share information on how to successfully transition into or out of a practice. This includes, but is not limited to, the buying or selling of an optometric practice.

❖ **OptometryCEO.com** provides relevant, non-industry supported insight into daily practice management successes and unforeseen mistakes of a private-practice optometrist.

❖ **Wells Fargo Practice Finance** is the source for acquisition and expansion financing. Market data reports provide indispensable geographic and demographic data. The program includes customized financing, busi-

ness planning tools and a network of resources.

❖ **Practice Pathways** at Optometry's Meeting® gives both buyers and sellers the facts they need to successfully transition a practice. You'll learn the process of transferring practice ownership from doctors who have been there, principles of winning relationships and leadership, the importance of communication, and hands-on tools to retain patients.

The series will cover practical knowledge, and the legal, financial, and tax aspects. For more information, email AOAExcel@ExcelOD.com.

The AOA is excited to share all these resources with members, bringing much expertise right into offices as value-added member benefits. Even better, much of this is provided at no cost or at greatly reduced cost to AOA members. Visit www.ExcelOD.com.

AOA excel™ Next Generation Optometry Endorsed Business Partners



Education Loans
Wells Fargo Education Financial Services



Group Insurance
AGIA



Malpractice Insurance
Lockton Affinity, LLC



Member Credit Card
Bank of America



Members Retirement
AXA Equitable Life Insurance Company



Optometry's Career Center®
Boxwood



To learn more about the services offered by our Endorsed Business Partners, please visit ExcelOD.com.

AOAExcel™ is a wholly owned subsidiary of the American Optometric Association®.



AOA.ReimbursementPlus.com The Only Cloud-Based CPT Data & Information Service Your Practice Will Ever Need



Powered by
ReimbursementPLUS®

AOA Next Generation Optometry
excel™

Free Webinar Series



Coding Grand Rounds - Ocular Surface Disease Case Studies

This course will utilize medical record details from ocular surface disease cases that ODs frequently see in their practices.

Tuesday, Aug. 13, 11 a.m. CDT
Tuesday, Aug. 27, 11 a.m. CDT

Speaker: Walt Whitley, O.D., MBA
AOAExcel™ Medical Records & Coding Consultant



Associate Agreement Review

If you are not trained in professional negotiations, this is the webinar for you. Join Dr. Fleming as he walks through the key components of an associate agreement.

Wednesday, Aug 28, 4 p.m. CDT

Speaker: Chad Fleming, O.D., F.A.A.O.
AOAExcel™ Business & Career Coach



Setting your Protocols for Medical Eye Care Management

This webinar will address ways to develop your own protocols for medical management of diseases like Diabetes, Glaucoma, red eyes, etc.

Tuesday, Sept. 10, 11 a.m. CDT
Tuesday, Sept. 24, 11 a.m. CDT

Speaker: Jason Miller, O.D.
AOAExcel™ Medical Records & Coding Consultant



Associate OD: Are you partnership material?

Join Dr. Fleming as he discusses the character, competency, and chemistry that you must have to attract a partnership offer.

Wednesday, Sept. 18, 9 a.m. CDT

Speaker: Chad Fleming, O.D., F.A.A.O.
AOAExcel™ Business & Career Coach



Register Today! www.ExcelOD.com/Events

Archived versions of the AOAExcel™ Business & Career Webinars are available at:
www.ExcelOD.com/ArchivedWebinars.

More is More...

More features.

More job seekers.

More practice success.

Already the leading optometry placement service in the industry, OCC is now even better. Go to OptometrysCareerCenter.com today to learn what's new and post your job opening.

 **Optometry's Career Center®**
AOAEXCEL'S PREMIER PROFESSIONAL DEVELOPMENT RESOURCE



AOAExcel™ is a wholly owned subsidiary of the American Optometric Association®.

Retaining patients after a practice sale

By Chad Fleming, O.D.,
AOAExcel™ Business and
Career coach

The Philadelphia Eagles will have a new team this year under the leadership of coach Chip Kelly. Coach Kelly is known for running an offense in college that created high scores and many wins. It appears Coach Kelly will be implementing a similar model in professional football with hopes of having the success he had coaching in college. There are many skeptics, and one will truly know his success by the number in the win column. One commentator discussed the camaraderie the new coach was creating in his efforts to “sell” the organization and, most importantly, the players on his philosophy of coaching and play calling.

Buying a practice is much like taking on a new coaching position. The previous coach built a team of patients based on some philosophy of patient care and business leadership. As leadership changes within the practice, patients will have to make a decision if they are going to buy in to the new culture and philosophy of patient care or if they are going to search elsewhere for eye care services.

Fortunately for those who think ahead and intentionally plan for the transition to ownership, retention rates as high as 90 to 95 percent are obtainable. But for those without a plan, retention rates may be as low as 50 percent or worse.

Here are a few ideas to put in your retention plan when transitioning patients to new ownership.

1. Letter—That is right: go old-school on your patients. Have the exiting doctor put a letter together outlining what is going to occur with the sale of his/her practice, why the practice is being sold, and

why the exiting doctor recommends the patients stay with the practice. This would be best distributed in

it allowed him to leave a legacy with not only the patients but the doctors.

3. Chairside hand-

4. Acute care—Ideally the buyer and seller work together for at least a year and during that time all

This is not an all-inclusive list, but does give a good start to the process of transitioning patients to the new owner.

Coach Kelly will be measured on his performance as a coach by the number of wins his team earns. Unlike Coach Kelly, the buyer will be replacing a successful seller who will be able to assist in the transition of the practice.

The seller plays a large part in the transition of patients; therefore, discussion and agreement on how this will be carried out is extremely important to maintain prior to the sale of the practice. To best facilitate this, expectations should be written out in the letter of intent and final buy/sell agreement.

A high retention rate depends on intentional planning and clear expectations between the buyer and seller.

The views expressed are those of the author and do not necessarily reflect the views of the AOA.

One of the highest retention rates I can speak of came from a senior doctor who literally called every one of his patients personally thanking them for trusting him with their eye care over the years...

both hard copy letter form and an email.

2. Phone call—One of the highest retention rates I can speak of came from a senior doctor who literally called every one of his patients personally thanking them for trusting him with their eye care over the years and then recommending they see a specific doctor who would be most compatible to the patient in the multi-doctor practice. This took an extremely brilliant individual to not only see the impact of transitioning the patients in this way, but

off—This works well if the buyer and seller practice with each other for at least a year. This allows the seller to introduce his/her patients to the new doctor. The seller communicates trust and respect for the buyer and states that patients will be in good hands under the new ownership. There have been some cases where one doctor would do the refraction and another follow up with the slit lamp exam and conclusion of the exam. I do not personally recommend this method, but it has worked for some practices.

acute care goes to the buyer, which allows the buyer to develop a relationship with each patient who needs acute care. This can also lead to higher retention rates if the seller refers his patients to the buyer for diseases such as dry eye management, diabetic care, or glaucoma management. This allows patients to feel they are not being “handed off” by the seller and instead results in mutual care of the patient that makes for an easy transition when the seller is no longer in the practice.

Codeheads,

from page 20

The National Supplier Clearing House offers a chart showing accreditation and surety bond exemptions for supplier types at <http://bit.ly/18yUkUC>.

Question #2: When filing for upgrades on post-operative glasses not ordered by a physician should I use EY or GA modifier to the Healthcare Common Procedure Coding System? I have had issues with Medicare over this, and now I'm confused. For example – V2750 RTLTEY or RLTLGA?

Answer: For items not ordered by the physician that are a patient preference (no order), submit V2750 RT/LT EY GA. Items with the EY modifier should be

on a separate claim form. The EY indicates there is no physician order, and GA indicates you have the patient's signature on an Advance Beneficiary Notice (ABN), making payment the patient's responsibility.

Make sure to look at your local coverage determination's (LCD) website. It's an excellent resource!

These are just some of the common questions that we receive at askthecoding-experts@excelod.com. Feel free to contact the Codeheads with any other questions.

The views expressed are those of the authors and do not necessarily reflect the views of the AOA.

What's better than 9?

Develop and work your ICD-10 plan!

The transition from the decades-old Ninth Edition of the International Classification of Diseases to the Tenth Edition, which is currently used by most developed countries throughout the world, on Oct. 1, 2014, will require proper planning and implementation.

It starts with education.

1. Visit <http://cms.gov/Medicare/Coding/ICD10/index.html> for a variety of important documents.

2. Create a communication and awareness plan. This is where each office opens the lines of communication about ICD-10.

3. Assess training needs and develop a training plan. Meet with staff and discuss the effects of ICD-10 and why the conversion is important. Then assign responsibilities.



TOMORROW'S PRACTICE TODAY

3-D printing and optometry: 'Doctor, can you print my glasses now?'

By Dominick M. Maino, O.D.,
and Geoffrey W. Goodfellow,
O.D.,

It was the year 2020. Our patient previously completed an at-home self-refraction (she emailed us the results), so we had some preliminary information on what the power of her glasses might be. After verifying this, we completed a full comprehensive eye and vision examination moments later. At the end of this evaluation, the patient then asked, "Doctor, can you print my new glasses now?"

Science fact or science fiction?

Printing in 3-D is a manufacturing technique resulting in the creation of a real-world object by placing material in layers using an additive methodology.

Over the last year, 3-D printing has been frequently in the news with stories about printing working guns (3-D-printed guns may face regulations" on CNET news [<http://tinyurl.com/CNET3Dprint>] and the "Dawn of a Revolution, How 3D Printing will Change the World Dawn of a Revolution" feature on CNN [<http://tinyurl.com/CNN3Dprint>] and several YouTube videos [<http://tinyurl.com/YouTube3Dprint>]).

New York University even offers a course on 3-D printing (<http://tinyurl.com/NYU3Dprintcourse>).

The *Chicago Tribune* (3-D technology reshapes Chicago manufacturing, April 21, 2013, <http://tinyurl.com/CT3Darticle>) published a story that begins, "The machine, no larger than a coffee maker and encased in black like Darth Vader's helmet, hums at a whisper."

It then goes on to describe how 3-D printing will boost manufacturing in the

United States.

The May 2013 edition of *Scientific American*, in a story titled "To Print the Impossible," tells how a prosthetic hand can be printed out of titanium (<http://tinyurl.com/sciammagmanufacturing>).

The expanding utilization of 3-D printing will continue and will undoubtedly affect the profession of optometry.

economy") we mentioned not only the Netra auto/self-refraction device, invented by Vitor Pamplona, Ph.D., and fellow Massachusetts Institute of Technology (MIT) scientists, but also briefly noted that 3-D printing was coming of age and could have a major impact upon the practice of optometry.

As to the scenario above, this was not a Star Trek episode where, as the featured

can better match the patient's face using different temple lengths, exact patient pupillary distance, placement of nose pads with precision and more. Although Dr. Pamplona's printer cannot produce optical-quality lenses, other 3-D printers can (<http://tinyurl.com/lux-excel3Dprintedglasses>).

How and when will this impact optometry? What should you do now to position

all this "in about an hour"!

Is this future likely to occur? As events unfold, the profession appears to be moving in the right direction overall. We are expanding our scope of practice, while stressing the services provided. We are increasing various residency programs throughout the United States so optometric specialties are now becoming a reality. We also expect all members of the profession to demonstrate ongoing competency as well.

As long as optometrists continue to stress the importance of high-quality service, as well as the value-added practicality of purchasing materials from an office with trusted staff, the profession of optometry will continue well into the future. Are you ready?

Dr. Maino is a professor at the Illinois College of Optometry (ICO) and a recipient of the Leonardo di Vinci Award for Excellence in Medicine. He can be contacted at dmaino@ico.edu. Dr. Goodfellow is an associate professor of optometry at ICO and the college's assistant dean for curriculum and assessment. He can be contacted at ggoodfel@ico.edu.

The views expressed are those of the authors and do not necessarily reflect the views of the AOA.

One future scenario is where each office has its own 3-D printer and laser-guided facial features measurement system.

How does 3-D printing work?

The 3-D printer operator chooses the material (plastic, metal, rubber, etc.) and it is then sprayed onto a base or platform. The 3-D printer moves back and forth (similar to how an inkjet printer works) over the platform while depositing layer upon layer to create the final result.

In an earlier *AOA News* article, (see "DIY refractions: Disruptive innovation that affects science, people and the

alien optometrists, we used the replicator (a machine capable of creating objects seemingly out of thin air) to create new eyeglasses for our patient. It is, however, an event that will take place sooner rather than later, according to Dr. Pamplona.

We asked Dr. Pamplona if a 3-D printer can "print" a pair of glasses. He then sent us a photograph of himself wearing a freshly printed pair of glasses sitting right on his face. He also noted the 3-D printer can be adjusted so the frame size

yourself and your practice so that both will not only survive but thrive?

As to how this will affect the profession, this not only depends upon how well we anticipate the rate of change, but also upon how our ophthalmic partners, frame and lens manufacturers, and others prepare as well.

One future scenario is where each office has its own 3-D printer and laser-guided facial features measurement system. The office would need to purchase the raw materials to make the frame and the computer program necessary to provide the patient with a truly customized pair of glasses that literally "fit" like a glove...and would have done



Dutch technology development firm LUXeXcel Group announced June 20 it had produced the world's first fully 3-D-printed functional eyewear (with both lenses and frames produced through the 3-D printing process) and presented them as a gift to Dutch King Willem Alexander and Queen Maxim. LUXeXcel emphasized the eyeglasses shown here represent a first proof of concept for the laser printing of eyewear. Company officials note the product is not ready for market, and it does not yet have a business model in place; however, they consider the process "very promising."



Cube X 3-D printer

We're here every step of the way.



AOA Group Insurance offers
you comfort in knowing that you and
your loved ones will always be protected.

Visit ExcelOD.com/Group-Insurance and take
the necessary steps today to guarantee greater peace
of mind tomorrow.



More than meets the eye

How Oklahoma increased public understanding of comprehensive eye exams vs. vision screenings

To help school nurses and teachers, parents and students in the Putnam City School District understand the difference between vision screenings and eye exams, and the importance of comprehensive eye exams at an early age, Ruthie Ruan, O.D., project director and Healthy Eyes Healthy People® (HEHP) grant recipient, began working with the Oklahoma Association of

vision screening tools, administered by a highly trained screener, can miss one-third of children with eye or vision disorders. Children may be able to see letters 20 feet away, but their eyes might not be able to work together to read materials 12 inches away. That's why comprehensive eye examinations by an optometric physician are critical.

Parents often mistaken-

prehensive eye exams," said Dr. Ruan. "We distributed more than 28,000 fliers, delivered OAOP vision care educational materials to the School Nurse Organization of Oklahoma and its members, lectured at the state's school nurse conference, and provided an eye exam workshop for school nurses."

Parents were educated on the common signs and symptoms of eye problems, and volunteers emphasized that while vision screening is helpful it is not equal to a comprehensive eye exam. As a result, the program has significantly increased the number of students who received an eye exam in 2012, almost doubling the number as compared to 2011.

"The fliers emphasized the importance of comprehensive eye exams; the lecture educated school nurses on common children's vision and eye health problems and the difference between vision screenings and comprehensive eye exams; and the workshop demonstrated eye exam skills to help school nurses with their daily practice," Dr. Ruan said.

Late last year, Sandra Naifeh, OAOP executive director, and Dr. Ruan attended the SUCCESS for Life Symposium held at the University of Oklahoma Health Sciences Center in Oklahoma City. The symposium, organized by Sooner SUCCESS, a program of the Oklahoma University Child Study Center, provided a platform for local communities and organizations to collaborate on facilitating a comprehensive, unified system of health, social and educational services for Oklahoma children.

"The SUCCESS for



Ruthie Ruan, O.D., at right, offers an eye exam workshop for school nurses.

Parents often mistakenly think a vision screening is an eye exam, and do not take their children for a comprehensive exam once they pass a vision screening at school.

Optometric Physicians (OAOP) and the School Nurse Organization of Oklahoma. Together they educate school nurses, teachers, parents and students. The program has been very successful, reaching thousands of Oklahoma children in Putnam City schools and almost doubling the number receiving eye exams in one year.

Most vision screenings test only for visual acuity. Even the most sophisticated

ly think a vision screening is an eye exam, and therefore do not take their children to eye care professionals for a comprehensive exam once they pass a vision screening at school. In fact, a high percentage of students never receive follow-up exams by eye care professionals even when they fail the screening.

"With the OAOP's support, we educated nearly 10,000 pre-K to fifth-grade students and their families on the importance of com-

Life Symposium provided us the opportunity to network and introduce the HEHP program to state agents and other local organizations," Dr. Ruan explained.

State legislative and health care authorities, health care experts, and local organization leaders came together to discuss successful community initiatives and address the importance of collaborations. The symposium provided an opportunity for participants to understand the most current and pressing children's health issues in Oklahoma, and learn about organizational management, outcome measurement and, more important, how communities can work together.

"The OAOP understands the importance of communication and is actively seeking opportunities for collaborative support from the local health department and other organizations. Symposium participation was a great way to get started," Said Dr. Ruan.

During the meeting, Naifeh and Dr. Ruan introduced the HEHP program to state department of health representatives and other

agents. They shared their concerns about Oklahoma children's vision and eye health issues and their efforts to promote comprehensive eye exams for children, stressing the importance of vision for success in school and in life.

"We believe that sharing our views and concerns with local authorities and communities on children's vision and eye health issues will facilitate continued success and our long-term goal of improving children's vision in our region," said Dr. Ruan.

Dr. Ruan's dedication and commitment to the program speaks for itself. During the past year, she and her staff worked diligently with pre-K to fifth-grade students, their parents and educators in Putnam City Schools to boost eye care awareness and promote the importance of comprehensive eye exams for children.

"We are grateful for all the support we received from the American Optometric Association (AOA) Foundation, Luxottica and the OAOP in 2012, and we look forward to continuing our work in 2013," she said.



Technician John Basgall, at left, and Ruthie Ruan, O.D., work together offering pre-kindergarten eye exams.



Essilor acquires Transitions Optical

PPG Industries and Essilor International announced the companies reached an agreement for Essilor to acquire PPG Industries' 51 percent stake in Transitions Optical. Essilor has held a 49 percent share of Transitions Optical since the joint venture com-

pany's formation. "Optical's success," said Dave Cole, president, Transitions Optical. "We appreciate PPG's long investment in and collaboration with our organization. We look forward to a continued strong relationship with PPG as they will be providing ongoing research

"Essilor has been a collaborative partner with us from the beginning, and this transaction is a continuation and enhancement of a relationship that has brought value to us and to our industry. There are tremendous opportunities to boost expansion of photochromic products, particularly in fast-growing markets," he said.

According to the news releases from PPG and Essilor, the transaction is expected to close in the first half of 2014, subject to the satisfaction of customary closing conditions, including receipt of regulatory approvals.

In the interim, Transitions Optical will continue to be a separately managed and operated company. Supply of

Transitions® lenses to customers will not be affected by this announcement, and Transitions lenses will continue to be available through other lens manufacturers.

The Transitions Optical leadership team will continue to run the business as usual.

"We will continue to focus on strengthening our mutually beneficial relationships with all of our valued customers across the optical industry; leveraging the talents of our passionate, talented people; and providing the highest quality photochromic lenses to consumers," said Cole.

For more information, visit www.TransitionsPRO.com, or contact Transitions Optical Customer Service at 800-848-1506.

There are tremendous opportunities to boost expansion of photochromic products, particularly in fast-growing markets.

pany's formation.

"Since the founding of our business 23 years ago, our parent companies have been key to Transitions

and development services and optical dyes to Transitions Optical under multi-year agreements with Essilor."

SynergEyes names Peg Achenbach vp

SynergEyes, Inc., manufacturer and marketer of the Duette™ and UltraHealth™ families of contact lenses, appointed Peg Achenbach, O.D., vice president of professional services.

"The addition of Dr.

and industry. That experience will be invaluable to SynergEyes as we focus on building strong relationships with independent eye care professionals (ECPs) and creating a customer-centric corporate culture," said Dr.

needs in the contact lens arena, and I'm energized to play a part in that going forward," said Dr. Achenbach. "I'm also excited to be joining the company at a time when tremendous efforts are being made to meet the needs

"The addition of Dr. Achenbach to the SynergEyes team provides greater optometric influence within the company as we work to transform SynergEyes into a true partner of the independent eye care professional."

Achenbach to the SynergEyes team provides greater optometric influence within the company as we work to transform SynergEyes into a true partner of the independent eye care professional," said James Kirchner, O.D., president of SynergEyes.

"We are thrilled to have her unique perspective that comes from extensive experience in both private practice

Kirchner.

Dr. Achenbach will be responsible for representing SynergEyes to the ECP community, developing programs to capture the voices of various key opinion leaders and increasing the company's presence and support within the profession.

"I see a tremendous opportunity for SynergEyes lenses as a solution to unmet

of the profession, the practitioners and the patients they serve."

Prior to joining SynergEyes, Dr. Achenbach was chief medical and academic strategist at Contamac, Ltd.

She also served as senior director of professional and medical Affairs at Vistakon and as manager of worldwide clinical research at Bausch +



Dr. Achenbach

Lomb.

Dr. Achenbach also spent 16 years in private practice in various group practices across the United States and in solo practice in New Jersey.

She is a graduate of Pacific University College of Optometry.

SynergEyes recently launched the UltraHealth lens for irregular cornea patients.

For more information, visit www.synergeyes.com.



Alcon

Allergan

Bausch + Lomb

CooperVision

Essilor of America

HOYA Vision Care

Kemin Health

Luxottica Group

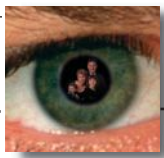
Optos

TLC Vision Corporation

Transitions Optical

VisionWeb

Vistakon®, Johnson & Johnson Vision Care, Inc.



INDUSTRY NEWS

Hoya, PPG host roundtable on pediatric vision

Prompted by research showing that parents desire more education on lens options and eyewear care, Hoya Vision Care North America and PPG Industries hosted a professional roundtable on “Engaging With Today’s Parents to Promote Pediatric Vision” during Optometry’s Meeting® in San Diego, Calif.

tant factors to consider when recommending eyeglasses for kids, including reactions from children and their parents.

Discussions also included issues related to eyewear care and compliance, the connection between eye health and overall health and the role of vision in classroom performance and behavior.

“We all know that kids’

education at Hoya Vision Care and moderator for the event.

“That’s why it’s essential for optometrists to engage parents. They control how often children visit an eye doctor, and help enforce standards for using and caring for eyewear after the appointment.”

During the roundtable, results from a national consumer survey commissioned by PPG helped spark conversation about how to engage parents and kids on eyewear care and compliance.

The survey, conducted in March 2012, found that despite 78 percent of respondents saying they think their children understand the importance of taking care of their eyeglasses, the majority of parents have noticed issues suggesting the opposite.

The most common eyeglass care problems parents noticed in their children that were corroborated by the roundtable panelists were: dropping their eyeglasses (66



Participants of the “Engaging With Today’s Parents to Promote Pediatric Vision” roundtable met on June 28, during Optometry’s Meeting® in San Diego, Calif. to identify important factors to consider when recommending eyeglasses for kids. From left are Greg Hicks, O.D., Elizabeth Christensen, O.D., Ann-Marie Lahr, O.D. (moderator and director of education at Hoya Vision Care), Glen T. Steele, O.D., Paul Alan Harris, O.D., and Barney Dougher, president of HOYA Vision Care, North America.

Only 41 percent of respondents said they were very satisfied with the amount of education their eye care professional provided to their child on the proper way to care for their eyeglasses.

The roundtable included a panel of optometrists who each have decades of experience in treating kids.

During the roundtable, participants identified impor-

eyewear needs are different from those of adults, and that parents’ perspectives often influence how well those needs are met,” said Ann-Marie Lahr, O.D., director of

percent), taking them off with one hand (55 percent), wiping them with fingers or a shirt (55 percent) and not using a case when not wearing them (54 percent).

These results suggest the

need for more education. In fact, only 41 percent of respondents said they were very satisfied with the amount of education their eye care professional provided to their child on the proper way to care for their eyeglasses, suggesting that more than half felt their eye care professionals could have done more.

Roundtable participants included:

- ❖ Elizabeth Christensen, O.D., fellow, College of Optometrists in Vision Development
- ❖ Paul Alan Harris, O.D., associate professor, Southern College of Optometry
- ❖ Greg Hicks, O.D., Family Eye Care Centers, assistant clinical professor, The Ohio State University College of Optometry
- ❖ Glen T. Steele, O.D., professor of pediatric optometry, Southern College of Optometry, and chair of the AOA InfantSEE® Committee.

“Hopefully the roundtable and research results will serve as a reminder of the importance of not only prescribing the best eyewear for kids, but also providing instruction to both kids and parents on how to keep it performing well,” said Dr. Lahr.

M&S begins manufacturing SmartSystem in US

M&S Technologies, maker of computerized vision testing systems, announced that the Smart System® 20/20 is now being manufactured in the United States.

While the system has always been designed and developed in the U.S., it is now also proudly manufactured in Niles, Ill.

This not only allows for better long-term quality control of the hardware, but it insures complete serviceability and extends the lifecycle of the product.

The All-in-One 22” LCD and computer is built with precision using industrial-grade hardware. The system enables eye care professionals to perform a wide range of comprehensive vision tests including Contrast Sensitivity Testing, Low Vision Testing, Testing under Glare Conditions, eETDRS (electronic ETDRS) and Dynamic Fixation Disparity Testing.

All the tests and protocols on the Smart System 20/20 have been peer-reviewed and field tested for accuracy by key professionals and scientists in the industry, and the technology is certified and calibrated to the ANSI and ISO specifications for vision testing.

“Not only does manufacturing locally help provide jobs and grow the American economy, it gives



As optometrists welcome young patients preparing to go back to the school, the Smart System® PC-Plus offers features demanded by the pediatric professional with exclusive features like LEA Symbols, Threshold Distance Stereo Testing, Auto-DVD Play and many others.

us much better control over the quality and performance of the Smart System. We’re no longer beholden to the shifts and changes made by the big-box manufacturers,” said Joe Marino, president.



MEETINGS

August

NOVA SOUTHEASTERN
UNIVERSITY
SUPER SUNDAY 2013
August 18, 2013
Orlando, FL
Vanessa McDonald
954/262-4224
FAX: 954/262-1818
oceaa@nova.edu
<http://optometry.nova.edu/ce>

2013 AOAEXCEL™ EHR &
MEDICAL RECORDS COMPLIANCE
PROGRAM
REVOLUTIONEHR, VISIONWEB,
FOXIRE
August 21, 2013
Atlanta, GA
Patti Kinder
PKinder@ExcelOD.com
www.ExcelOD.com/EHR

SOUTH CAROLINA OPTOMETRIC
PHYSICIANS ASSOCIATION
ANNUAL MEETING
106th Annual Meeting
August 22-25, 2013
Myrtle Beach Marriott Resort and
Spa at Grande Dunes, Myrtle
Beach, SC
803/799-6721 or 877/799-
6721 (toll free)
info@sceyedoctors.com
www.sceyedoctors.com

2013 AOAEXCEL™ EHR &
MEDICAL RECORDS COMPLIANCE
PROGRAM
REVOLUTIONEHR, VISIONWEB,
FOXIRE
August 23, 2013
Dallas, TX
Patti Kinder
PKinder@ExcelOD.com
www.ExcelOD.com/EHR

UAB SCHOOL OF OPTOMETRY
CONTINUING EDUCATION &
ALUMNI WEEKEND
August 23-25, 2013
Volker Hall, UAB Campus,
Birmingham, AL
Candie Bratton
205/934-5701
uabsoce@uab.edu
www.uab.edu/optometry

September

FELLOWSHIP OF CHRISTIAN
OPTOMETRISTS
ANNUAL EDUCATIONAL
CONFERENCE
September 6-8, 2013
Holiday Inn Resort
Pensacola Beach, FL
Mike Goen
850/530-9626
foreknown@aol.com
www.fcoint.org/services/annualConference.html

VERMONT OPTOMETRIC
ASSOCIATION
ANNUAL MEETING
September 13-15, 2013
Hilton Hotel and Conference Center,
Burlington, VT
David J. DiMarco O.D.
802/524-9561
FAX: 802/524-6060
djd@nveyecare.net

NORTHEASTERN STATE
UNIVERSITY OKLAHOMA COLLEGE
OF OPTOMETRY
FALL PRIMARY EYE CARE UPDATE -
ANNUAL ALUMNI EVENT AND
GOLF TOURNAMENT
September 14-15, 2013
Tahlequah, OK
Mary Stratton or Brittany Williams
stratton@nsuok.edu or
willi193@nsuok.edu

TROPICAL CE
September 14-27, 2013
South Africa
281/900-8493
Fax: 281/274-9338

SHARED VISIONS GALA
September 19, 2013
Richard Nixon Presidential Library
Yorba Linda, CA
909/706-8525
FAX: 909/510-8214
jessblockpr@gmail.com
www.scco.edu/sharedvisions

2013 GWCO CONGRESS
September 19-22, 2013
Oregon Convention Center,
Portland, Oregon

ENVISION CONFERENCE 2013
September 19-21, 2013
Hyatt Regency Minneapolis,
Minneapolis, MN
info@envisionconference.org
www.envisionconference.org

OPTOMETRIC EXTENSION
PROGRAM FOUNDATION
44TH ANNUAL COLORADO
VISION TRAINING CONFERENCE
September 20-22, 2013
YMCA of the Rockies, Estes Park,
CO
303/325-2019
jamie@highlinevisioncenter.com
www.visioncare.org (search ESTES)

NOVA SOUTHEASTERN
UNIVERSITY
FALL CONFERENCE
September 21-22, 2013
Fort Lauderdale, FL
Vanessa McDonald
954/262-4224
FAX: 954/262-1818
oceaa@nova.edu
<http://optometry.nova.edu/ce>

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY
EVERYTHING RETINA
September 21-22, 2013
The Westin Riverwalk Downtown,
San Antonio, TX
713-743-1900
<http://ce.opt.uh.edu/live-events/ers2013>

CENTRAL PENNSYLVANIA
OPTOMETRIC SOCIETY
CE FORUM XVII
September 22, 2013
The Hotel Hershey, Hershey, PA
Mary Good, O.D.
cpostrsvp@gmail.com

SOUTH DAKOTA OPTOMETRIC
SOCIETY
FALL CONFERENCE
September 26-27, 2013
Rushmore Plaza Holiday Inn
Rapid City, SD
Deb Mortenson
605/224-8199
Sdeyes3@pie.midco.net

WISCONSIN OPTOMETRIC
ASSOCIATION
CONVENTION AND ANNUAL
MEETING
September 26-29, 2013
Kalahari Resort, Wisconsin Dells, WI
Joleen Breunig, Member Services
Director
608/824-2200
joleen@woa-eyes.org
www.woa-eyes.org

KENTUCKY OPTOMETRIC
ASSOCIATION
2013 FALL CONFERENCE
September 27-29, 2013
Louisville, KY
502/875-3516
sarah@kyeyes.org

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY
CE IN FORT WORTH
September 28-29, 2013
Alcon Laboratories Schollmaier
Auditorium, Fort Worth, TX
713-743-1900
<http://ce.opt.uh.edu/live-events/ceinfw2013>

NORTH DAKOTA OPTOMETRIC
ASSOCIATION'S 110TH ANNUAL
CONGRESS & EXHIBITION
September 29-October 1, 2013
Ramada Plaza Suites, Fargo, ND
701/258-6766
FAX: 701/258-9005
ndoa@btinet.net
www.ndeyecare.com

October

OHIO OPTOMETRIC
ASSOCIATION
EASTWEST EYE
CONFERENCE/OOA ANNUAL
CONGRESS
October 3-6, 2013
Global Center for Health Innovation,
Cleveland, OH
Linda Fette
800/999-4939
linda@ooa.org
www.eastwesteye.org

SOUTHERN COLLEGE OF
OPTOMETRY
2013 FALL CONTINUING
EDUCATION AND
HOMECOMING WEEKEND
October 3-6, 2013
SCO Campus and The Peabody
Memphis Hotel, Memphis, TN
Carla O'Brian
800-238-0180, ext. 5
901/722-3235
ce@sco.edu
www.sco.edu

HUDSON VALLEY OPTOMETRIC
SOCIETY FALL SEMINAR
October 4, 2013
The Grandview, Poughkeepsie, NY
Brian Powell O.D.
drbrianpowell@gmail.com
www.hvos.org

CONNECTICUT ASSOCIATION
OF OPTOMETRISTS
ANNUAL EDUCATION
CONFERENCE
October 5-7, 2013
Mystic Marriott Hotel & Spa
Lynn Sedlak, CAE, MBA
860/529-1900
lsedlak@cteyes.org
www.cteyes.org

COLLEGE OF OPTOMETRISTS IN
VISION DEVELOPMENT
43RD ANNUAL MEETING
October 8-12, 2013
Rosen Shingle Creek, Orlando, FL
330/995-0718
www.covd.org

VOSH INTERNATIONAL ANNUAL
MEETING
October 10-11, 2013
Ritz Carlton Hotel, San Juan, PR
www.vosh.org/membership/meetings

WISCONSIN OPTOMETRIC
ASSOCIATION
NORTHWOODS EDUCATION
EVENT
October 11-12, 2013
Grand Pines Resort, Hayward, WI
Joleen Breunig, Member Services
Director
608/824-2200
joleen@woa-eyes.org
www.woa-eyes.org

COLEGIO DE OPTÓMETRAS DE
PUERTO RICO
20TH OPTOMETRIC
CONVENTION
October 11-13, 2013
Ritz Carlton, Isla Verda, Puerto Rico
787/767-2828
info@colegiooptometraspr.com
www.optometras.org

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY &
VOSH INTERNATIONAL
CE IN HOUSTON
October 13, 2013
Health and Biomedical Science
Building, Molly and Doug Barnes
Vision Institute (located at the
University of Houston College of
Optometry), Houston, TX

713-743-1900
<http://ce.opt.uh.edu/live-events/ceinhouston2013>

IOWA OPTOMETRIC
ASSOCIATION
HAWKEYE INSTITUTE
October 17-18, 2013
Cedar Rapids Marriott Hotel, Cedar
Rapids, IA
800/444-1772
515-222-5679
FAX: 515-222-9073
<http://iowaoptometry.org>

PIONEERS IN OPTOMETRY
REGIONAL CONFERENCE
OKLAHOMA ASSOCIATION OF
OPTOMETRIC PHYSICIANS
October 18-20, 2013
Renaissance Hotel & Convention
Center
Tulsa, OK
Heatherlyn Burton
405/524-1075
heatherlyn@oaop.org
www.PioneersInOptometry.org

CE IN ITALY
October 19-21, 2013
Florence Italy
Dr. James L. Fanelli
910/452-7225
jamesfanelli@ceinitaly.com
www.CEinItaly.com

VIRGINIA OPTOMETRIC
ASSOCIATION
VOA FALL CONFERENCE
October 19-20, 2013
Williamsburg, VA
Bo Keeney
804-643-0309
www.thevoa.org

OCULAR NUTRITION SOCIETY
FALL 2013 EDUCATIONAL
SYMPOSIUM
October 22, 2013
Sheraton Seattle, Seattle, WA
info@ocularnutritionssociety.org
www.ocularnutritionssociety.org

CE IN ITALY
October 23-25, 2013
Tuscany, Italy
Dr. James L. Fanelli
910/452-7225
jamesfanelli@ceinitaly.com
www.CEinItaly.com

AMERICAN ACADEMY OF
OPTOMETRY
ACADEMY 2013 SEATTLE
October 23-26, 2013
Seattle Convention Center
www.aaopt.org

November

SPORTS VISION UNIVERSITY
November 1-2, 2013
Maryland Optometric Association
2013 Annual Conference
Hyatt Regency Baltimore
Baltimore, MD
CCWilliams@aaa.org

SPORTS VISION UNIVERSITY
November 2, 2013
Optometry Association of Louisiana
Fall CE Conference
Baton Rouge, LA
CCWilliams@aoa.org

PENNSYLVANIA OPTOMETRIC
ASSOCIATION
ESSENTIALS IN EYE CARE
November 2-3, 2013
Marriott Pittsburgh North, Cranberry
Township, PA
Ilene Sauertieg
ilene@poaeyes.org
www.pennsylvania.aoa.org

SPORTS VISION UNIVERSITY
November 6, 2013
New Jersey Society of Optometric
Physicians
Fall CE Seminar
Manalpan, NJ
CCWilliams@aoa.org

2013 AOAEXCEL™ EHR &
MEDICAL RECORDS COMPLIANCE
PROGRAM
REVOLUTIONEHR, VISIONWEB,
FOXIRE
November 6, 2013
Chicago, IL
Patti Kinder
PKinder@ExcelOD.com
www.ExcelOD.com/EHR

TROPICAL CE
November 6-10, 2013
Puerto Vallarta
281/900-8493
Fax: 281/274-9338

VIRGINIA OPTOMETRIC
ASSOCIATION
VOA VOYAGES IN VISION
CONFERENCE
November 7-10, 2013
St. Thomas, US Virgin Islands
Bo Keeney
804-643-0309
www.thevoa.org

2013 AOAEXCEL™ EHR &
MEDICAL RECORDS COMPLIANCE
PROGRAM
REVOLUTIONEHR, VISIONWEB,
FOXIRE
November 8, 2013
Las Vegas, NV
Patti Kinder
PKinder@ExcelOD.com
www.ExcelOD.com/EHR

ALABAMA OPTOMETRIC
ASSOCIATION
ANNUAL CONVENTION
November 8-10, 2013
Birmingham, AL
Jo Beth Wicks
334/273-7895
jobeth@alaopt.com
www.alaopt.com

WISCONSIN OPTOMETRIC
ASSOCIATION
PRIMARY CARE SYMPOSIUM
November 8-9, 2013
Madison Marriott West Hotel,
Middleton, WI
Joleen Breunig, Member Services
Director
608/824-2200
joleen@woa-eyes.org
www.woa-eyes.org

PACIFIC UNIVERSITY COLLEGE OF
OPTOMETRY
2013 CE CHARLESTON
November 8-9, 2013
Doubletree Suites, Charleston, SC
Jeanne Oliver
503/352-2740
FAX: 503/352-2929
jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY
CE IN AUSTIN
November 9-10, 2013
Omni Austin Hotel Downtown,
Austin, TX
713-743-1900
http://ce.opt.uh.edu/live-
events/ceinaustin2013

VIRGINIA ACADEMY OF
OPTOMETRY
ANNUAL EDUCATIONAL
CONFERENCE
November 10, 2013
Fredericksburg, VA
vaacadaptom@yahoo.com

December

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY
30TH ANNUAL CORNEA,
CONTACT LENS &
CONTEMPORARY VISION CARE
SYMPOSIUM
December 7-8, 2013
Westin Memorial City, Houston, TX
713-743-1900

January

PACIFIC UNIVERSITY COLLEGE OF
OPTOMETRY
2014 GLAUCOMA SYMPOSIUM
January 11, 2014
Willows Lodge, Woodinville, WA
Martti Fredericks
503/352-2207
FAX: 503/352-2929
frederim@pacificu.edu
www.pacificu.edu/optometry/ce

EYECARE ASSOCIATES
CONTINUING EDUCATION
PROGRAM
January 11-12, 2014
Williamsburg Hotel, Williamsburg,
VA
Linda Cavazos, ECA Meeting
Planner
804/356-5165

TROPICAL CE
January 18-25, 2014
Costa Rica
281/900-8493
Fax: 281/274-9338

UNIVERSITY OF CALIFORNIA,
BERKELEY, SCHOOL OF
OPTOMETRY
BERKELEY PRACTICUM - 25TH
ANNUAL
January 18-20, 2014
DoubleTree Hotel, Berkeley Marina,
Berkeley, CA
UCBSO Continuing Education
Program Office

510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu/ce/b
erkeley-practicum

PACIFIC UNIVERSITY COLLEGE OF
OPTOMETRY
2014 ISLAND EYES CONFERENCE
January 19-25, 2014
Grand Wailea, Maui, HI
Jeanne Oliver
503/352-2740
FAX: 503/352-2929
jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

OREGON OPTOMETRIC
PHYSICIANS ASSOCIATION
2014 WINTER CE
January 24, 2014
PCLU, Pearl District, Portland, OR
Lynne Olson
503-654-5036 or 800-922-2045
FAX: 503-659-4189
lynne@oregonoptometry.org
www.oregonoptometry.org

February

OREGON OPTOMETRIC
PHYSICIANS ASSOCIATION
2014 ADVOCACY BOOT CAMP
& FREE CE
February 9-10, 2014
Salem Conference Center/Grand
Hotel, Salem, OR
Lynne Olson
503-654-5036 or 800-922-2045
FAX: 503-659-4189
lynne@oregonoptometry.org
www.oregonoptometry.org

SKIVISION
February 15-19, 2014
Viceroy Luxury Resort Hotel,
Snowmass Village, CO
888/SKI-2530
www.skivision.com
CE is COPE approved and adminis-
tered by UABSO

TROPICAL CE
February 22-March 1, 2014
Playa Del Carmen
281/900-8493
Fax: 281/274-9338

OREGON OPTOMETRIC
PHYSICIANS ASSOCIATION
2014 THIRD PARTY/PRACTICE
MANAGEMENT SEMINAR
February 28-March 1, 2014
Eugene Hilton, Eugene, OR
Lynne Olson
503-654-5036 or 800-922-2045
FAX: 503-659-4189
lynne@oregonoptometry.org
www.oregonoptometry.org

March

SECO INTERNATIONAL 2014
March 12-16, 2014
Atlanta, GA
Bonny Fripp
770/451-8206
FAX: 770/451-3156
bfripp@secostaff.com
www.secointernational.com

FORUM ON OCULAR DISEASE

**October 12-13 in Orlando, FL
WDW Swan and Dolphin Hotel**

**Melton & Thomas ** Murray Fingeret
Jerome Sherman ** Deepak Gupta**

**18 COPE/FL hours for only \$325
VISIT WWW.PSSEYECARE.COM**

April

2014 SPRING CONVENTION
ARKANSAS OPTOMETRIC
ASSOCIATION
April 24-27, 2014
The Peabody, Little Rock, Arkansas
Vicki Farmer
501/661-7675
FAX: 501/372-0233
araoa@arkansasoptometric.org
www.arkansasoptometric.org

May

UNIVERSITY OF CALIFORNIA,
BERKELEY, SCHOOL OF
OPTOMETRY
BERKELEY GLAUCOMA DAY - 2ND
ANNUAL
May 2, 2014
DoubleTree Hotel, Berkeley Marina,
Berkeley, CA
UCBSO Continuing Education
Program Office
510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu/ce/
morgan-symposium

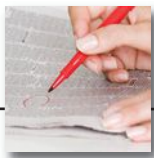
UNIVERSITY OF CALIFORNIA,
BERKELEY, SCHOOL OF
OPTOMETRY
MORGAN SYMPOSIUM - 29TH
ANNUAL
May 3-4, 2014
DoubleTree Hotel, Berkeley Marina,
Berkeley, CA
UCBSO Continuing Education
Program Office
510/642-6547
FAX: 510/642-0279
e-mail: optoce@berkeley.edu
http://optometry.berkeley.edu/ce/
morgan-symposium

OREGON OPTOMETRIC
PHYSICIANS ASSOCIATION
2014 OREGON'S MEETING
May 29-June 1, 2014
Riverhouse Hotel & Convention
Center, Bend, OR
Lynne Olson
503-654-5036 or 800-922-2045
FAX: 503-659-4189
lynne@oregonoptometry.org
www.oregonoptometry.org

**To place a featured
calendar event, email
t.peppers@elsevier.com.**

**To submit standard items for
the meetings calendar,
send a note to
eventcalendar@aoa.org.**

**Please allow several
months' lead time.**



SHOWCASE



Whitebridge Financial

A New Option in Patient Financing

Our Vision is Clear...

**"To Provide Competitive
Consumer Finance Programs
to a Wider Range of Clientele"**

See The Difference at www.whitebridgefinancial.com/em1

(877) 203-2797

info@whitebridgefinancial.com

Find us on:




May & Company
A Limited Liability Partnership
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Founded in 1922

•
4 Office Locations

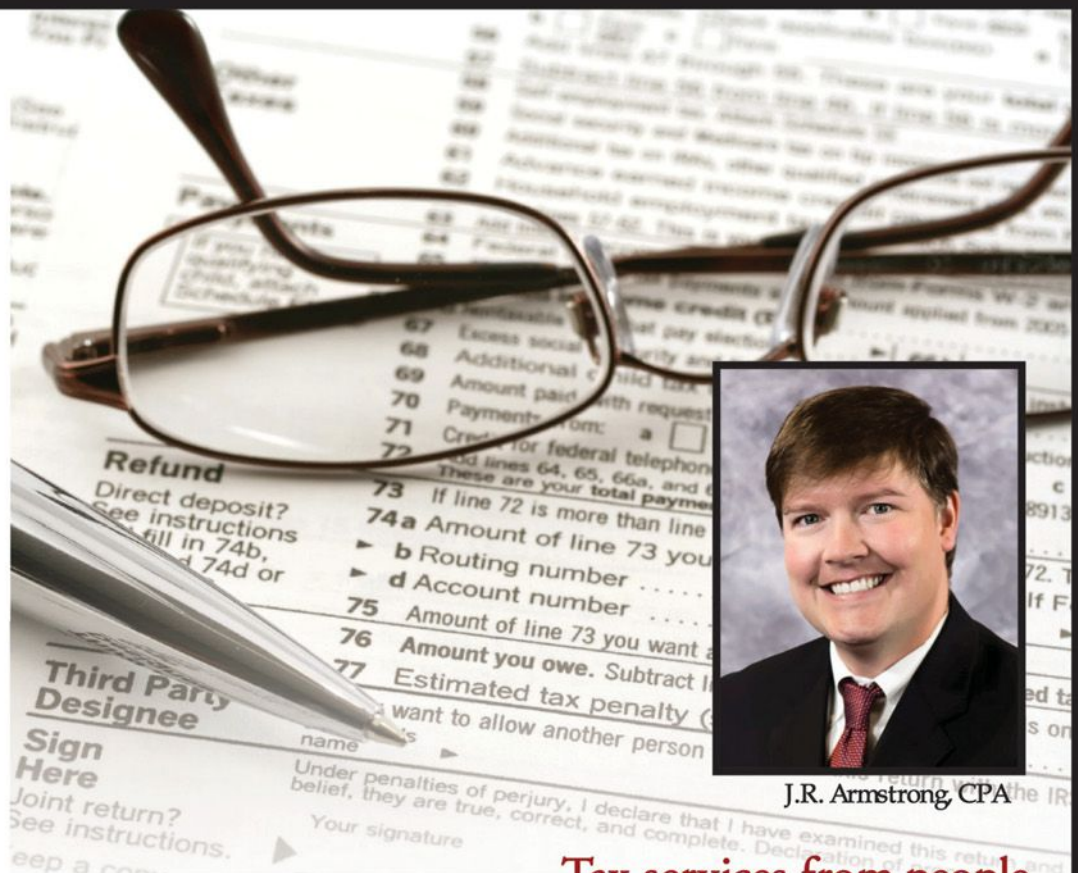
•
OD Clients nationwide

•
Annual Benchmarking Report

•
Full-Time QuickBooks Pro Advisors
on Staff

•
Experience with
small sole proprietors to
multiple member, multi-million
dollar practices

CALL TODAY
FOR YOUR FREE CONSULTATION.



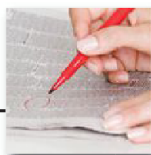
J.R. Armstrong, CPA

**Tax services from people
who understand ODs.**

www.maycpa.com

• 601.636.4762

• jarmstrong@maycpa.com



SHOWCASE

New! Illuminated Near Cards



These will be the last Near Cards you'll ever buy! Never yellows! Always bright!



GuldenOphthalmics
time saving tools
800-659-2250 www.guldenophthalmics.com
Website search "15231, 15232, 15260"

Continuing Education in Italy

Florence and Tuscany, October 2013

Vienna Austria, Spring 2014, Florence and Tuscany, Fall 2014

12-24 hours of COPE approved CE

Great combination of CE and vacation

REGISTRATION IS LIMITED AND CONFERENCES WILL FILL

*** REGISTER EARLY ***

Details and Descriptions, Visit: CEinItaly.com

Dr. James Fanelli 910-452-7225 jamesfanelli@CEinItaly.com

ALERT

AVELOX is associated with vision loss

AVELOX

is a member of the fluoroquinolone class of antibiotics. As early as 2004, there have been case reports of irreversible blindness and reversible vision loss associated with the use of **AVELOX**. Case reports indicate that **AVELOX** is associated with uveitis, iris transillumination with pigment dispersion, pupil paralysis, and photophobia.

UNFORTUNATELY, THE AVELOX LABEL DOES NOT WARN OF THESE RISKS.

We are currently investigating cases for individuals who have suffered permanent vision loss after taking **AVELOX**. We believe that these injuries have been underreported so we are looking for other similar incidents. If you know of someone who has suffered vision loss after recently using **AVELOX**, our law firm, Martin & Helms, P.C., would like to speak with him/her and make a record of his/her experience.



Martin & Helms, P.C.
ATTORNEYS AT LAW

No representation is made that the quality of legal services to be performed is greater than the quality of legal services performed by other lawyers.

**PLEASE CONTACT
TARA HELMS:**

1-877-539-1990
helms@martinhelms.com

American Optometric Association

NEWS



TO ADVERTISE CONTACT YOUR
RECRUITMENT SALES REPRESENTATIVE:

Traci Peppers

telephone: 212.633.3766

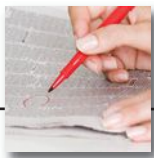
e-mail: t.peppers@elsevier.com



Visit us online for information for this and other Elsevier health science titles

www.elsmediakits.com





SHOWCASE



MIDWESTERN UNIVERSITY ARIZONA COLLEGE OF OPTOMETRY New Position Announcement

Midwestern University provides undergraduate, graduate, and post graduate education in the health sciences on its campuses in Downers Grove, Illinois and Glendale, Arizona. The University excels by providing an interdisciplinary learning environment for students in a variety of health care disciplines. The Glendale, Arizona Campus, located 15 miles northwest of downtown Phoenix, is 145 acres with state of the art facilities in a peaceful setting. The Arizona College of Optometry initiated its Doctor of Optometry program in September 2009, and graduated its inaugural class in May 2013.

Position Title: Full-time non-tenure track faculty positions

Responsibilities: Candidates are expected to be highly skilled clinicians who can teach courses and/or laboratories, provide clinical instruction to professional students as well as residents, and be involved in interdisciplinary practice with other educational professionals. Candidates must be willing to actively participate in curricular assessment, professional development, student counseling and service activities within the college, university and the scientific community. Successful candidates are also expected to be involved in research and scholarly activities, and have a sincere commitment to optometric education, community service and patient care.

Qualifications: Candidates must possess a Doctor of Optometry degree from an ACOE accredited institution, must have completed an ACOE-accredited residency and/or advanced degree, and must be eligible for an Arizona optometric license. Primary eye care clinic expertise is also required.

Salary: Salary will be commensurate with qualifications and experience.

Application: Review of applications will begin immediately and continue until the positions are filled. Please submit your application packet through Midwestern University's online job board:

1. Visit www.midwestern.edu
2. In the 'Jump To' section, select 'employment at MWU', and then select 'employment opportunities'
3. Select 'faculty' for job category and click 'search'. The online profile should include a letter of application outlining interest in the position, curriculum vitae, and the names and contact information of at least three professional references.

Please send any additional questions to:

Donald E. Jarnagin, O.D., Dean, Arizona College of Optometry
Midwestern University, 19555 North 59th Avenue, Glendale, AZ 85308
By Email: djarna@midwestern.edu

*We are proud to be an Equal Opportunity / Affirmative Action employer M/F/D/V.
We maintain a drug-free workplace and perform pre-employment substance abuse testing.*

UAB SCHOOL OF OPTOMETRY

The University of Alabama at Birmingham

Department of Optometry FACULTY POSITIONS

The Department of Optometry in the School of Optometry at the University of Alabama at Birmingham invites applicants for three faculty positions available in Fall 2013 or later in the areas of Primary Care, Low Vision, Pediatric Eye Care, Binocular Vision, Cornea/Contact Lenses, Sports Vision or Vision Therapy. Faculty rank and tenure status will be commensurate with the successful candidate's academic qualifications, clinical skills and experience. Applicants must possess the Doctor of Optometry degree and have completed: a residency or fellowship program; Master of Science, Master of Public Health or Doctor of Philosophy degree; or have equivalent clinical and/or academic experience. The successful candidate will be expected to participate in the clinical, educational, and research/scholarship missions of the department.

This is an exceptional opportunity to engage in the clinical education of optometry students and to establish or continue scholarly collaborations in many areas such as retinal disease, myopia, cataract, low vision, psychophysics, glaucoma, anterior segment, contact lenses, ocular genetics, oculomotor neuroscience, public health, policy, epidemiology and/or health behavior.

Applicants should send their *curriculum vitae* including names and addresses of at least three professional references, and a statement of clinical, teaching and research interests to:

Robert Kleinstein, OD, MPH, PhD, Professor and Interim Chair
Department of Optometry, School of Optometry
1716 University Blvd.
University of Alabama at Birmingham
Birmingham, AL 35294-0010

Salary and benefits are commensurate with education, training and experience.

Contact Dr. Kleinstein at 205-934-6757 or Email him at vista@uab.edu if you have any questions about these positions.

Applications will be considered until these faculty positions are filled.

A pre-employment background investigation is performed on candidates selected for employment.

UAB is an Equal Opportunity/Affirmative Action Employer committed to fostering a diverse, equitable and family-friendly environment in which all faculty and staff can excel and achieve work/life balance irrespective of ethnicity, gender, faith, gender identity and expression as well as sexual orientation. UAB also encourages applications from individuals with disabilities and veterans.

You're covered...

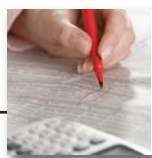
Malpractice insurance you can trust. Endorsed by
the American Optometric Association®.

AOA Insurance Alliance
offers you full scope of coverage
to meet the changing needs of your practice.

To learn more, visit ExcelOD.com/Malpractice-Insurance
or call 888.343.1998.



Insurance Program Administered by Lockton Affinity, LLC.
AOAExcel™ is a wholly owned subsidiary of the American Optometric Association®.



CLASSIFIEDS

Professional Opportunities

DO YOU WANT TO HELP CHILDREN? 1 out of 4 children struggle with vision problems that interfere with reading and learning. Detection and treatment of these vision problems could be your niche. Learn more about making vision therapy a profitable service in your practice. Call today to schedule a free consultation with **Toni Bristol at Expansion Consultants, Inc.**, specializing in Vision Therapy practice management and marketing since 1988. **Toll free 877/248-3823.**

Interested in the best systematic approach to Vision Therapy? OEP Clinical Curriculum Courses can help you no matter where you are in our career. Call 800 447 0370.

GREAT OPPORTUNITY- Louisville, Kentucky Mature optometric practice for sale; Doctor retiring due to health concerns. Please call 877.632.2020 for more information.

Grossing over one million. Net 360 thousand. Freestanding professional building with surfacing lab. One of the fastest growing communities in Florida. Close to the beach on a busy thoroughfare. Great staff and licensed optician will stay. Established thirty-eight years. Prefer cash. Contact: Kirk Howard, OD, PA 4645 Meadow Lake Dr. Crestview, Florida 32539 Phone: 850-682-9286 Cell. 850-758-5639 Bus. 850-682-4014 Bus. Address: 2491 S. Ferdon Blvd. Crestview, Florida 32536

Optometrist Wanted Exceptional opportunity for an energetic, caring, and medically focused optometrist to join busy, two office MD/OD practice in mountain region of northern VT/NH. State-of-the-art equipment and EHR. Highly competitive starting salary and benefit package. Willing to assist with relocating expenses. Reply by email: vermontidoc@me.com.

Practice for Sale

**NATIONWIDE LISTINGS
100% PRACTICE FINANCING
FREE BUYER REGISTRATION
FREE AGENT CONSULTATION
WWW.PROMED-FINANCIAL.COM
PROMED FINANCIAL 888-277-6633
INFO@PROMED-FINANCIAL.COM**

OPTOMETRY PRACTICES FOR SALE. TEXAS-HOUSTON Long established practice grossing \$620,000 in 2012, netting \$190k. Situated in a large strip mall with excellent anchor nearby. Efficiently designed office includes 2 exam lanes. Up-to-date testing equipment, including OCT. Fully integrated EMR in place. **COLUMBIA, SC.** Collecting \$380,000+ with consistent growth. Situated in a shopping plaza with high visibility and foot traffic. 1,600 sq/ft space includes 1 exam lane, a stylish dispensary and an extensive inventory collection. **CALIFORNIA-DIAMOND BAR.** Established 36 years with updated optometric equipment and stylish dispensary. Located in a shopping plaza with excellent anchor. Priced to sell. **MINNESOTA-TWIN CITIES METRO.** Long established practice in a desirable, upscale suburb of Minneapolis. Grossing \$385,000 part time. Motivated seller. **100% Financing Available. 800-416-2055** www.TransitionConsultants.com.

Worcester Ma. Excellent opportunity to purchase lucrative solo primary care/contact lens practice, with full optical. Prime location. Established over 40 yrs with strong growth and potential for expansion. Seller willing to stay on and work for period of time. E-mail sophiebaker911@gmail.com

Miscellaneous

Optometric Cruise Seminars since 1995
www.OptometricCruiseSeminars.com
888-638-6009
AEA Cruise Seminars

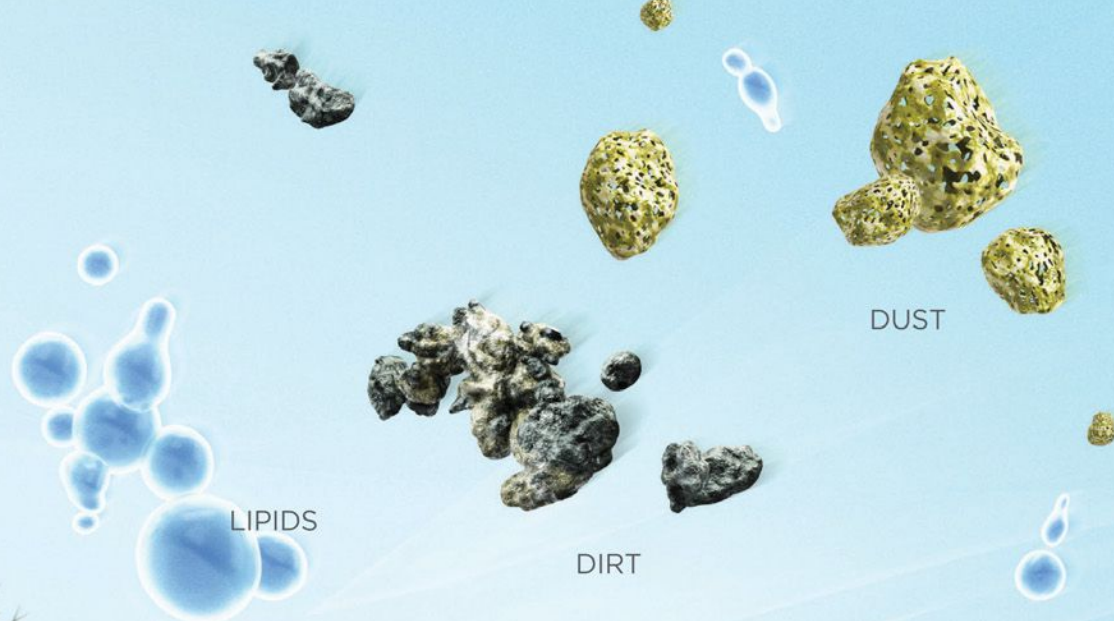
VOSH WANTS YOUR USED EQUIPMENT Donate those used ophthalmic instruments that are gathering dust in your storage room for the valuable purpose of training students at optometry schools in the developing world. VOSH will refurbish this equipment, help pay for shipping to the destination and provide a tax receipt. This program, called the Technology Transfer Program (TTP), especially needs trial lens sets and frames, phoropters, projectors, slit lamps, lensometers, keratometers, and hand instruments. Also accepted are unused frames, uncut lenses, optical tools and edgers. Schools that receive equipment become acquainted with the VOSH model. They form new VOSH chapters and treat the disenfranchised within their own country, one of our ways of becoming sustainable. Please contact VOSH/International at www.vosh.org and help us eliminate preventable blindness.

Classified Advertising Information

Effective the January, 2013 issue onwards, Classified advertising rates are as follows: 1 column inch = \$75 (40 words maximum) 2 column inches = \$125 (80 words maximum) 3 column inches = \$165 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Tracie Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212.633.3766 for advertising rates for all classifieds and showcase ads.





OUR SURFACE DEFENDS AGAINST DAILY DEPOSITS.

Only **AIR OPTIX®** brand contact lenses have a unique surface technology that's proven to maintain wettability^{1**} and resist deposits better than other available two-week or monthly replacement SiHy lens.^{2,3†}

Superior Surface with Moisture and Consistent Comfort



Unique Plasma Surface Technology

Creates a Hydrophilic Environment

That Resists Lipids & Deposits

AIR OPTIX® BRAND Family of Contact Lenses

See our superior surface deposit resistance and wettability^{1-3**} data at **MYALCON.COM**



*AIR OPTIX® AQUA (lotrafilcon B) and AIR OPTIX® AQUA Multifocal (lotrafilcon B) contact lenses: Dk/t = 138 @ -3.00D. AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Dk/t = 175 @ -3.00D. AIR OPTIX® for Astigmatism (lotrafilcon B) contact lenses: Dk/t = 108 @ -3.00D -1.25 x 180. **Compared to ACUVUE® OASYS®, ACUVUE® ADVANCE®, PureVision®, Biofinity® and Avaira® contact lenses. †Superior lipid deposit resistance compared to ACUVUE® OASYS®, ACUVUE® ADVANCE®, PureVision®, Biofinity® and Avaira® contact lenses. ††Image is for illustrative purposes and not an exact representation. ^Trademarks are the property of their respective owners

Important information for AIR OPTIX® AQUA (lotrafilcon B), AIR OPTIX® AQUA Multifocal (lotrafilcon B) and AIR OPTIX® for Astigmatism (lotrafilcon B) contact lenses: For daily wear or extended wear up to 6 nights for near/far-sightedness, presbyopia and/or astigmatism. Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

Important information for AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Indicated for vision correction for daily wear (worn only while awake) or extended wear (worn while awake and asleep) for up to 30 nights. Relevant Warnings: A corneal ulcer may develop rapidly and cause eye pain, redness or blurry vision as it progresses. If left untreated, a scar, and in rare cases loss of vision, may result. The risk of serious problems is greater for extended wear vs. daily wear and smoking increases this risk. A one-year post-market study found 0.18% (18 out of 10,000) of wearers developed a severe corneal infection, with 0.04% (4 out of 10,000) of wearers experiencing a permanent reduction in vision by two or more rows of letters on an eye chart. Relevant Precautions: Not everyone can wear for 30 nights. Approximately 80% of wearers can wear the lenses for extended wear. About two-thirds of wearers achieve the full 30 nights continuous wear. Side Effects: In clinical trials, approximately 3-5% of wearers experience at least one episode of infiltrative keratitis, a localized inflammation of the cornea which may be accompanied by mild to severe pain and may require the use of antibiotic eye drops for up to one week. Other less serious side effects were conjunctivitis, lid irritation or lens discomfort including dryness, mild burning or stinging. Contraindications: Contact lenses should not be worn if you have: eye infection or inflammation (redness and/or swelling); eye disease, injury or dryness that interferes with contact lens wear; systemic disease that may be affected by or impact lens wear; certain allergic conditions or using certain medications (ex. some eye medications). Additional Information: Lenses should be replaced every month. If removed before then, lenses should be cleaned and disinfected before wearing again. Always follow the eye care professional's recommended lens wear, care and replacement schedule. Consult package insert for complete information, available without charge by calling (800) 241-5999 or go to myalcon.com.

References: 1. In vitro measurement of contact angles on unworn lenses; significance demonstrated at the 0.05 level; Alcon data on file, 2009. 2. Nash W, Gabriel M, Mowrey-McKee M. A comparison of various silicone hydrogel lenses; lipid and protein deposition as a result of daily wear. Optom Vis Sci. 2010;87: E-abstract 105110. 3. Ex vivo measurement of lipid deposits on lenses worn daily wear through manufacturer recommended replacement period; CLEAR CARE® Cleaning and Disinfecting Solution used for cleaning and disinfection; significance demonstrated at the 0.05 level; Alcon data on file, 2008.

See product instructions for complete wear, care, and safety information.

© 2012 Novartis 12/12 AOA13002JAD

Alcon®

Rx only

a Novartis company